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TAKING COLD

THE CAUSE OF HALF OUR DISEASES

BY

JOHN HAYWARD, M.D.

FOURTH EDITION

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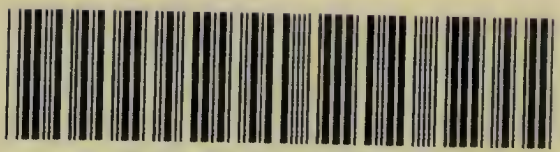
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TAKING COLD

(THE CAUSE OF HALF OUR DISEASES):

Its Nature, Causes, Prevention, and Cure;

ITS

FREQUENCY AS A CAUSE OF OTHER DISEASES, AND THE DISEASES OF WHICH IT IS THE CAUSE, WITH THEIR DIAGNOSIS AND TREATMENT.

BY

JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A.,

Author of "Allopathy and Homœopathy Contrasted;" "The Vale of Conway Spa;" "The Guide to Trefriw;" "Some of the Sanitary Necessities of Housebuilding;" and joint Author with Dr. Drysdale of "Health and Comfort in Housebuilding."

"The knowledge of the cause of the disease is the key to the symptoms and treatment."

FOURTH EDITION, ENLARGED AND IMPROVED.

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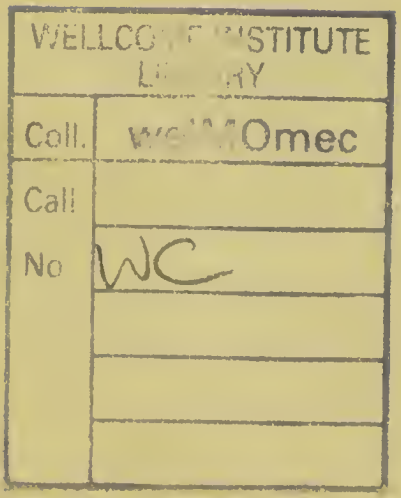
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PREFACE TO FOURTH EDITION.

This essay was originally published under the conviction that, by attention to the directions it contains, persons may not only very frequently avoid taking cold, but may themselves frequently cure a cold at its onset, and thereby prevent the development of many of those serious diseases that would otherwise follow. The favorable reception it has met with is a sufficient testimony that it has been found useful.

In this edition the author has greatly enlarged its sphere of usefulness by adding a description and the treatment of some of the most important of the diseases that result from taking cold.

Grove Street, Liverpool;
April, 1873.

PART I.

DESCRIPTION, SYMPTOMS, CAUSES, MEANS OF PREVENTION, AND TREATMENT OF A COLD.

Diseases and their Causes.

The health of mankind is deranged and destroyed in a great variety of ways, and by a vast number of means.

The *ways* in which the health is deranged are termed "DISEASES," and the *means* producing these derangements are the "CAUSES" of disease.

Diseases.

The general recognised *diseases* are about ninety in number; and these produced, in Eng-

land alone, in the year 1861, 427,460 deaths. The causes of these ninety kinds of disease are, of course, various, and not always single; sometimes many causes contribute to produce one disease, and sometimes many diseases result from one cause.

The Causes of Disease.

The *causes* of disease are of two kinds, viz. predisposing and exciting.

The *predisposing* causes are those which induce a predisposition or susceptibility to disease, and are such as hereditary constitution, general weakness, weakness of some particular organ, unhealthy states of the air, irregular and pernicious habits, and so on.

The *exciting* causes are those which excite the disease into activity, and are such as infection, fright, mental emotions, fatigue, improper diet, *taking cold*, and so on.

Now, of all the

causes of diseases, the most important, the most general, and most prolific, is

TAKING COLD;

for taking cold is the cause of more numerous and more serious diseases than is any other single known cause; it alone is the cause of one half the diseases that afflict our race.

To give an idea of how frequently taking cold is the cause of disease, and of what a great number, and of what serious ailments it is the cause, I need only refer to those very common diseases, catarrh, influenza, bronchitis, pneumonia, consumption, asthma, quinsy, sore-throat, croup, pleurisy, rheumatism, erysipelas, neuralgia, tic-douloureux, toothache, headache, and the like, which form the bulk of the daily work of the physician, and which plainly arise from taking cold; and many other diseases also, in which the cause is the same, though less evidently so; for taking cold acts not only as an

exciting, but also as a predisposing cause; that is, it not only brings on disease immediately in a person predisposed, but it reduces the power of resistance, and thereby predisposes a person to become the victim of epidemic and other diseases. Of some diseases, as pneumonia, it is always the cause; of others, as erysipelas and diarrhœa, it is sometimes the cause. Of some, as catarrh and bronchitis, it is the sole cause; of others, as phthisis, tabes, and dropsy, it is only a partial cause. Of some, as rheumatism, erysipelas, and diabetes, it is an exciting cause; and of others, as asthma, diabetes, and the fevers generally, it is a predisposing cause. Indeed, of all the numerous and varied influences that throw man into a state of disease, none are more potent or more general than those that induce the state known as

"A Cold."

This brings us to the consideration of

The Nature of a Cold.

"A cold" is a diseased state brought on by the body being exposed to cold, or having its heat abstracted suddenly by cold air, a draught of air, damp, or other means. The precise nature of this condition is, *primarily*, check or arrest of the vital processes going on either in some particular part of the body or of the body as a whole, inducing chills or shivering; and, *secondarily*, excessive and perverted action, inducing inflammation or fever.

Localised excessive and perverted action constitutes *inflammation;* in this case the part becomes hot, red, swollen, and painful, as in erysipelas, or the commencement of a boil. General excessive and perverted action constitutes *fever;* in this case the whole system appears to be in commotion and out of order; there is, as it were, general heat, redness, and painfulness, and feeling of

general swelling, as in the beginning of rheumatic fever, typhus fever, scarlet fever, measles, smallpox, &c.

THE SYMPTOMS AND STAGES OF A COLD.

The symptoms and stages of a cold are—after the cause, after exposure to cold—first, the *direct* LOCAL effect, viz. a check or obstruction of the vital processes going on in the cells of the part, with constriction or diminution in size of the blood-vessels, diminishing the supply of blood and producing paleness, with chilliness and diminished sensibility; then the *direct* CONSTITUTIONAL effect, viz. general chills, shivers or rigors, with "goose-flesh" condition of the skin, and a disposition to put on extra clothing, to creep towards the fire, to have stimulants, and to drink hot drinks; this is the stage of depression: after these there is the *indirect* LOCAL effect, after the constriction has been exhausted, viz. the blood-vessels relax, open, and

enlarge, and admit too much blood; this stimulates the cells to renewed and excessive action, and there result redness, heat, swelling, and increased sensibility; then the *indirect* CONSTITUTIONAL effect follows, viz. flushes of heat with thirst, loss of appetite, headache, &c., and disposition to throw off the clothes, and to seek cool places, and to drink cold water; this is the stage of reaction. This constitutional depression and reaction recur again and again; like a disturbed magnet of a compass oscillating over the magnetic meridian first to the east and then to the west, and only by degrees settling with its point to the north; so these vital actions keep oscillating from chills to heats and from heats to chills, inducing the state called fever; the heart at the same time beats quickly, laboriously, and perhaps somewhat irregularly.

If the part exposed be sufficiently strong to recover its natural action shortly, or if it be

assisted by appropriate treatment to do so, and no other organ be so weak as to be excessively deranged by the commotion, there will be a gradual settling down to the state of health; but if any particular organ be so weak that its vessels remained relaxed and enlarged it will become hot, red, swollen, and tender, in fact, inflamed, and a local disease will be the result; if it be the nervous system generally, or the vascular system generally, that is morbidly weak, then the constitutional chills and heats will continue, and the morbid action will continue *general*, without settling in any particular organ as inflammation, and the state know as a "fever" will be induced.

The Parts Affected in a Cold.

By exposure of the whole body to cold, a draught, or damp, a person's weak part or organ will be very likely to suffer; and therefore, after any and every exposure, a

man should fear and be on the look-out for the evil consequences, and be ready to combat them promptly and appropriately. Should any one have put on damp boots, or coat, or other clothing; should he have forgotten to put on his neck-tie, or flannel; should he have sat in a draught, or stood still whilst perspiring after exertion; should he have fallen asleep in his waking clothes; should he have got his clothes wet with rain; or should he have been subjected to any other kind of exposure he should be on the look-out for the appearance of the ailment to which he is most liable—he should fear that his weak part will suffer, and he should be prepared promptly and efficiently to assist it to recover its natural state; for here emphatically "a stitch in time saves nine;" and prompt attention may prevent the onset of a most dangerous illness; but, if neglected, a cold may end in the most serious consequences.

Illustrations of Taking Cold.

The following case affords an example of the effects of a *partial* exposure producing a *local* disease:—A lady riding home in the evening felt the wind through a broken window of the car beating on the right side of her face, which became thereby cold, and slightly numb and stiff; but, as the journey was short, she did not alter her position. After being in a warm room a short time, the right cheek and side of the face began to prick and burn; these increased during the night, and ended in an attack of erysipelas of the face and head. This was cured by *aconite* and *belladonna*.

The following case affords an example of the effects of a *general* exposure producing a *local* disease:—A gentleman walked home from a dance on a cold night; he felt chilled, and shivered a good deal, and had a contracted sensation about the

chest. After having got home he became hot and suffered headache; in the morning feverish symptoms were present; cough supervened, and an attack of inflammation of the lungs was the result. This was cured by *aconite* and *phosphorus*.

And the following case gives an example of a *general* exposure producing a *general* disease—a continued fever:—A married gentleman, aged thirty-five, a cotton-broker, had been much overworked both bodily and mentally for three years, and kept in continual mental strain by the excited state of the market, was exposed to wet and cold one morning going from Liverpool to Manchester; he felt chilly during the day, and in the evening had some headache; next day he went to his office, but felt occasional chills and heats, had but little appetite, and was rather thirsty. These symptoms gradually increased, and on getting out of bed during the next night he had a distinct shiver or

rigor; after getting into bed again this was followed by great heat of body and intense throbbing headache, with much thirst. A severe attack of typhus fever followed, and he died on the thirteenth day. In this case the nervous and vascular systems, especially the former, were the weak parts from having been exhausted by continual strain.

The Physiology of a Cold.

An explanation of these results of exposure to cold will be found in the following *facts*, namely, "All the processes of life result from the operation of the nervous fluid; the nervous fluid is analogous to the electric fluid—some philosophers think them identical—it acts in similar ways and under similar conditions, that is, as positive and negative, and under the stimulus of heat and cold. The application of heat attracts the positive and repels the negative, and the application of cold attracts the negative

and repels the positive. The surface of the body is generally positive, and the internal parts negative (taking the body as a whole). Therefore exposure to cold deranges the state of the nervous fluid, throwing the skin, which ought to be positive, into a negative state, and thereby some internal part, which, in reference to the skin, ought to be negative, into a positive state." Hence the derangements in the vital processes, and the shivering, the congestion, the inflammation, and the fever, that result.

The Causes of a Cold.

The causes of "a cold" may be classified under three heads, namely, clothing, air, and water.

Improper Clothing as a Cause.

The clothing may be either insufficient or improper; and this insufficiency or impropriety may be either *constant*, as in leaving uncovered the abdomen, thighs, and legs

of young children, and the neck, chest, and arms of children and young girls, and in the neglecting to put on flannels and extra clothing in winter; or it may be only *occasional*, as in the adoption of muslin and low-bodied dresses by ladies, and thinner neck-ties, vests, and boots by gentlemen for evening parties; and in the neglecting to add more clothing during sleep.

The frequency with which disease results in children from the insane practice of leaving their digestive, genital, and respiratory organs, and their extremities, exposed to the chilling blasts and varying temperatures of our atmosphere, is unfortunately too well known to need that I should enter into any proof; nor need I more than protest against the cruelty, to say nothing of the absurdity, of leaving those parts naked in children that we find it absolutely necessary to clothe the most warmly in adolescence and

adult life; and more especially when we reflect that in childhood the bodily growth is in progress, and that growth is retarded and checked by cold and favoured by warmth; and still more especially inasmuch as there is absence of reason and experience to teach how to keep up the warmth of the parts exposed; whilst in adolescence and adult life the growth is complete, and reason and experience possessed. For myself, I am convinced that very many of the cases of infantile diarrhœa, cholera, constipation, remittent fever, dropsy after scarlatina, marasmus or tabes, consumption, catarrh, bronchitis, pneumonia, quinsy, sore-throat, hoarseness, and opthalmia, result from this exposure; and that many a lovely child has been sacrificed to its mother's pride and her tyrant, Fashion.

Very many cases of bronchitis, phthisis, pneumonia, and rheumatism, result from insufficient

clothing, especially the want of flannel in the winter.

And a great number of cases of catarrh, bronchitis, phthisis, sore-throat, quinsy, neuralgia, headache, and toothache, result from the alteration of the dress for evening parties, concerts, and theatres.

And a still greater number of cases of neuralgia, headache, toothache, rheumatism, sore-throat, catarrh, quinsy, and bronchitis, result from sleeping in the waking clothes, as, for instance, in the afternoon nap. On this last cause I wish to lay particular stress, because I have myself known it to induce and keep up, in spite of all treatment, neuralgia, rheumatism, catarrh, and bronchitis, to the induction of confirmed paralysis, asthma, and consumption. It is a very dangerous practice.

The Air as a Cause.

The atmosphere may be the cause of taking cold under

three conditions, namely, when too cold, when in too rapid motion, and when too moist. The air may be *too cold* though sufficiently still, as in a cold room without a fire in winter; at formal morning calls, especially when wanting food or flannel clothing; or by going into a cold bedroom to dress or sleep; from breathing too cold air when the bronchial mucous membrane is irritable and susceptible, as in bronchitic, emphysematous and asthmatic subjects; in these cases it may be avoided by the use of a respirator. I need not ask how many young ladies have suffered from these causes, bringing on catarrh, bronchitis, phthisis; painful, difficult, and suppressed 'monthly;' and the various neuralgias. The air may be *too much in motion*, though ordinarily warm, as when coming in a current from an open window, door, or ventilator towards the fireplace. The air may be suitably still and warm whilst the body is driven through it *too rapidly*, as when riding in an open or

partially open carriage, inducing face-ache, erysipelas, rheumatism, &c. The air may be of ordinary warmth and stillness, but the *body too warm*, as after a Turkish or other hot bath, and after too violent exercise, as running, cricket, &c. The air may be ordinarily still and warm, but the *body too still*, as sitting a long time in one posture, as reading, writing, drawing, painting. Or the air may be *damp*, as in a mist, a damp house or room, or a house with a damp cellar; especially amongst the poor, who rush into new houses even before they are finished building.

Water as a Cause.

Water may be the cause of cold by being applied to the body either wholly or partially, as damp air, mist, rain, snow, damp bedding and clothing, especially boots and coats not properly dried from the previous day's wetting; also by sitting on a damp seat, as in a car, railway

carriage, or on the ground at picnics, &c.

Now, these unfavorable states of the clothing, air, and water, being in constant operation, and no person being exempt from them, it is not to be wondered at that they should be such frequent and prolific causes of disease. The wonder is, not that we should so frequently take cold, but that we should ever be free from it.

The Diagnosis of a Cold.

The symptoms or the evidence of having taken a cold is in most cases the occurrence or coming on of the peculiar derangement, illness, or disease to which the individual is liable; if, for instance, a person liable to bronchitis finds himself with roughness, scraping, or dryness in the throat, he may be sure he has taken cold, even though he cannot remember a cause or discover a reason. Does a person subject to catarrh find himself

sneezing and sniffing? he has taken cold, though he cannot tell how or when. Does a person subject to quinsy find his tonsil swollen and his throat painful on swallowing? he has taken cold, though he may protest ever so against the possibility. Does a person subject to rheumatism find pain and stiffness in the back or one or more joints? he has taken cold most certainly. Does a person subject to diarrhœa find his bowels suddenly relaxed without a dietetic cause? he has taken cold in all probability. Is a person attacked with headache, toothache, tic-douloureux, or other neuralgia? ninety-nine chances to one he has taken cold, though he may not think so, and may attribute it to his stomach, his liver, or his bowels. In short, whenever the peculiar weakness of the individual shows itself, he may conclude he has taken cold, and ninety-nine times in the hundred he will be right.

In the early stages

of all these various diseases the pathological state is the same, namely, congestion or inflammation; and the symptoms are those of these states, namely, a feeling of coldness, chill, creepings or rigors, followed by or alternated with a feeling of warmth or flushing of heat or feverishness; and it is only afterwards that a specific disease makes itself manifest.

The Pathology of a Cold.

The diseased states produced by taking cold are—local congestion and inflammation, and general fever. The *first* effect of a general exposure is to derange the nervous tension of the skin and some internal organ; the *second* to check, arrest or pervert the cell-growth of the parts affected, and thus obstruct the circulation of the nervous fluid, and produce a recoil of the nerve-wave, and thereby the chill, shiver, or rigor, and the coldness and numbness of the part. At the same time the

capillaries of the part are constringed, this diminishes the supply of blood to the part, hence pallor and shrinking. After the withdrawal of the chilling constringing influence the capillaries relax, open, and admit too much blood; this stimulates the cells to renewed and excessive action and there result redness, heat, swelling, and pain, with flushes of heat, thirst, loss of appetite, headache, &c.

If the ganglionic nervous centres remain intact, their influence, as a regulating force, is sometimes sufficient to overcome this check and restore the normal action — this is Nature's cure, the *vis medicatrix Naturæ*—sometimes it is only able to run the action off, at a tangent, as it were, and produce some perverted action, hence the different inflammations and fevers (see p. 5). Such I believe to be the true pathology of taking cold, and the true nature of the beginning of all those diseases that result from taking cold; that, in fact, a

congested and inflamed state is at the bottom, whatever the disease be, whether bronchitis, catarrh, rheumatism, erysipelas, toothache, or tic-douloureux; whether convulsions, diarrhœa, tabes, amenorrhœa, chlorosis, or fever; *that the beginning of all that result from taking cold is the same, and requires the same treatment.*

This is the key to the symptoms and treatment of the majority of the diseases that afflict humanity; and this is the leading idea to which I wish to draw the attention of the public, namely, that *as there is one common cause and diseased state, we should trust to one common remedy.* This single remedy I will presently mention.

The Results of taking Cold.

The effects of taking cold, or the diseases produced, are many and various, and frequently serious and incurable, and not seldom

fatal. Taking cold is mostly, if not always, the cause of the following diseases, namely, catarrh, bronchitis, pneumonia, pleurisy, emphysematous asthma, phthisis, and almost all other lung diseases; laryngitis, quinsy, sore-throat, and croup; rheumatism and lumbago; inflammation, hypertrophy, and dilatation of the heart; erysipelas, tic-douloureux, headache, toothache, sciatica, and other neuralgias; convulsions, hydrocephalus, and paralysis; diarrhœa, dysentery, jaundice, bilious attacks, infantile cholera, and cholera morbus; ophthalmia, ozæna, polypus, otorrhœa, and deafness; ascites, and dropsies generally; inflammation of the liver, peritoneum, and kidneys; tabes; difficult, painful, and suppressed menstruation; abortion and chlorosis; almost all inflammations, properly so called; and many fevers, as bilious, catarrhal, rheumatic, infantile, remittent, and milk fever, and sometimes puerperal—a rather formidable list of diseases to result from one

cause, and a very serious list too, seeing that these diseases caused, in round numbers, 339,000 of the 427,000, that is, eight tenths, of the whole number of deaths given in the last report of the Registrar-General; and those of them that resulted exclusively from taking cold caused 73,399 deaths, that is, nearly one sixth of the whole number; this is the number of *deaths;* but the number of *diseases* resulting from taking cold bears a greater proportion to the whole than do the deaths, because many of these diseases never do end in death; for instance, chilblains, tic-douloureux, headache, toothache, and other neuralgias; ophthalmia, ozæna, polypus, deafness; dysmenorrhœa and other disorders of menstruation.

Having examined all the cases I treated during one month I find that those which without doubt resulted from taking cold form very nearly one half of the whole.

The Prevention of taking Cold.

The means of preventing taking cold are the following, namely, clothing, food, baths, and exercises, and the avoidance of the causes mentioned at pages 13—19.

Clothing as a Preventive.

At all times of the year, the *clothing* should be sufficient to protect from the influence of variations of the climate, and to keep the body up to a comfortable degree of warmth, and should be varied according to circumstances. Increase of clothing is always required in the evening and at night, both winter and summer, especially if the air is damp; also when an east wind is blowing, and on going out of a warm room into cold air; and in this case the extra clothing (overcoat, for instance) should be put on a few minutes before going out, in order that it may become warm, and not have to

abstract heat from the body after having got out, by which it would assist to bring on a shiver; also *invariably before falling asleep*. A woollen garment ought always to be worn next to the skin; always flannel in the winter; and the clothing should always cover not only the vital regions—throat, chest, and abdomen—but the extremities also; and these should always be well-dried and well-aired

Food as a Preventive.

The *food* should be sufficient and varied, and contain flesh once or twice a day. Persons should never be exposed to cold or infection whilst hungry, for then there is a much greater susceptibility, the system being in a receptive absorbent condition, and less resistent to evil influences.

Baths as a Preventive.

The daily use of cold *water* to the skin, all over, is per-

haps the most effectual means of prevention, if possible in the form of a shower-bath; also an occasional Turkish bath has a wonderfully invigorating effect. Persons who cannot bear, or are unable to react after a cold bath, may substitute the daily use of a cold wet towel or sponging.

Exercise as a Preventive.

Also regular outdoor *exercise;* a portion of every day should be spent out of doors.

Respirators as a Preventive.

Much of the risk from the atmospheric causes may be avoided by the prudent use of a *respirator*, especially in persons subject to asthma, bronchitis, quinsy, or catarrh. I am convinced that I have prevented many attacks of bronchitis by ordering a respirator to be put on before going out on a cold day, and before going into a cold bedroom.

Whilst on the subject of respirators, I will record my testimony in favour of those manufactured by Jeffrey, and enter my protest against that shameful abuse of the name, to the deception, disappointment, and injury of the public by the *so-called* respirators, made of cork, hair, and such-like substances; and I would refer to the necessity of medical men enquiring of their patients what kind of respirators they use. I once asked a girl, and she said it was one of her own making, of layers of muslin; and another that hers consisted of two small side combs, covered with black muslin! The absurdity and evil of all such appliances must be self-evident to every intelligent person.

The object of a respirator is, not to retain the foul air that has been breathed, that it may be drawn in again, but *to warm the fresh air* as it is being drawn into the lungs: it must therefore be composed

of a material that will quickly take the warmth from the foul air that is being breathed out, and quickly give it up again to the fresh air that is being drawn in. This material is metal, and metal only.

A respirator should afford a large surface of metal, and still it should be light, and should not obstruct the breathing; it must therefore be composed of layers of very fine metallic wire; as is Jeffrey's.

The Antidote to Taking Cold.

If, however, notwithstanding every possible precaution, a person should unfortunately be exposed to any of the causes of cold, he should immediately and without hesitation *take* the antidote—ACONITE, as a precautionary measure, *even before any of the symptoms of cold have had time to become developed;* for here especially "prevention is better than cure." A few doses of *aconite* 3, one drop or one pilule every two hours,

may prevent a sore-throat, a quinsy, a bronchitis, an inflammation of the lungs, a pleurisy, a rheumatic fever and even a consumption, which a few hours' neglect might render inevitable, as I have myself frequently witnessed. *No person ought to be without a bottte* of this invaluable preventive, nor to neglect to take it on the slightest suspicion of cold.

As taking belladonna will prevent the development of scarlet fever, though a person has been exposed to the infection; so taking aconite will prevent the development of a cold, although a person has been exposed to its causes. It is a true antidote or prophylactic.

Illustrative Cases.

The cases of pneumonia and fever, given at pages 10, 11, show the *dangerous consequences of neglecting* the above-mentioned precaution. Had the persons, immediately on arriving at home, taken aco-

nite for a few hours, I feel sure neither of them would have had either pneumonia or fever.

And the following case illustrates the *advantage of attending* to this precaution :—A gentleman, recently married, was detained late in town one winter evening, and he rode home, a distance of four miles, on the outside of an omnibus. There was a cold, heavy rain falling; and before getting home, his clothes became wet through, and he felt cold and shivery. On arriving home, he told his wife that, from past experience, he felt sure he would be laid up with an attack of bronchitis, or rheumatism. She, being a homœopath, prevailed upon him to go to bed, and to take *aconite* every hour. Though he had no belief in homœopathy, he did so, as he said, to please her; and, having no appetite, he took only a cupful of tea and a little bread and butter. He perspired during the night, slept heavily, and rose next morning without any com-

plaint whatever. And so convinced was he by this evidence of the power of aconite, that he has ever since been a staunch homœopath.

I could relate scores of such cases, from the various causes of taking cold; but this one will suffice as an illustration, and illustration rather than detail is my object. I could also furnish scores of cases in which even rhus, nux vomica, dulcamara, bryonia, mercurius, and many other medicines have failed; and where stimulants, hot baths, hot drinks, &c., have not only failed to throw off the cold, but undoubtedly rendered that a very serious disease which might otherwise have been of little consequence.

Another recommendation of aconite is that, in the preparation and dose above named, it is *perfectly harmless to a healthy person;* and therefore it cannot do harm even if the person has not taken cold, although he should take it for some

hours; and another is that its use is not confined to those who believe in homœopathy, but may be taken advantage of by the allopath, hydropath, and every other-path as well, with like success and safety.

It has been objected that aconite has a lowering effect on the system; so it has when taken in large doses, such as a drop of ϕ, or even of 1 if frequently repeated and continued for some days; and particularly if the person has no inflammatory or febrile condition for it to remove; but it has not any lowering effect when taken in the doses here recommended, or even in much larger doses when there is inflammatory or febrile condition to absorb its action. Of course, if it has no diseased condition to absorb its action, and it is in sufficient dose it must produce its own diseased effects.

As, however, from neglect or delay, colds generally run on to the second stage, it is necessary

now to consider the management of a fully developed cold.

The Treatment of a Cold.

The treatment of a cold, or the effects of taking cold, is either domestic or professional.

The *domestic* treatment has for its object the restoring the "positively" nervous state of the skin, and the urging of nature to enforce the return of the cells and capillaries to their normal action, and consists in the use of a hot bath, or wrapping up in flannel, or some brisk exercise; and increasing the power of the nervous centres by the use of stimulants and other forcing appliances, such as hot spirits-and-water, hot tea, gruel, wine-whey, or posset; and such means do sometimes succeed in removing the obstruction and congestion, and preventing the return of the chills or collapse, and thus they cure the cold and restore health; but they are attended with considerable risk,

and they not unfrequently do great harm. It is a kind of "hit or miss," "kill or cure" practice.

The *professional* treatment must, of course, consist in the use of the medicine or medicines whose symptoms and pathology correspond most closely with those of the case to be treated at the time the treatment is put into force. What, then, are the symptoms and pathology of a cold?

With respect to the treatment of colds, we may distinguish two stages—namely, first, the onset of the disease—the simple cold—previous to the development of any special nosological (nameable) disease; and second, the particular nosological disease developed. Each stage is easily distinguishable by its own symptoms.

The treatment here recommended is only for the first stage of a cold as it ordinarily shows itself—the simple cold—leaving the details of

the after treatment of the nosological disease, and of the exceptions to the general rule, to be regulated by the symptoms presented and the constitution of the patient: this must not be forgotten.

The Symptoms of a Cold.

What, then, are the symptoms and pathology of a simple cold? They are,—whether the effect be general or only local,—the symptoms of depression of vitality followed by reaction. There is, first, check or arrest of the cell-growth and nervous and capillary circulation, producing a chill, shiver, or rigor or cold creeping, with pallor and shrinking of the part or parts; and then, secondly, excess of cell-action and capillary circulation in or around the part or parts, producing heat, pricking, tingling, with redness and swelling. The main and primary impress of the cause is felt by the nerves and capillaries of organic life, producing collapse. Against this

the organism reacts, the reaction being principally vascular (in the blood-vessels), and generally running on to fever, with inflammation of some distinct part (see p. 5).

Now what medicine is it that most closely corresponds in its symptoms and pathology with this picture?

Unquestionably it is ACONITUM, ACONITE, MONKSHOOD.

It is certainly not *belladonna,* for *its* main impress is not on the ganglionic or sympathetic nerve, but on the cerebral nervous system, and especially the sensory sphere; and its primary action is excitement, its secondary depression, and its reaction is principally nervous (in the nerves), not vascular. It is not *nux vomica*—though unfortunately this is the medicine recommended by Curie, Laurie, Marcy, Pulte, Guernsey, Epps, and others—for its main impress is on the spinal system of nerves, and its action primarily stimulant and secondarily

exhaustive ; and its reaction principally nervous, and specially of the motor sphere. Neither is it *mercury*, for its main impress is on the glandular and lymphatic system of nerves, and its reaction and fever nervous, not vascular. Nor is it *bryonia*, nor *dulcamara*, nor *tartar emetic*, nor even *camphor*, nor any other medicine that does not expend its main force on the nerves of organic life distributed to the cells and capillaries, and that first as depression and afterwards as reaction, principally vascular.

A medicine to be curative of the effects of cold must operate on the same parts and produce similar symptoms, in the same order and with similar conditions and concomitants ; this is the very essence of homœopathy.

Now of all the proved medicines that operate on the same parts and produce similar symptoms as the causes of cold, none does so more characteristically than ACONITE, and no

other medicine presents such a perfect resemblance to the picture presented by a cold; for *aconite* does not only operate on the same parts in the same way, and produce similar symptoms and pathological conditions, but these are presented in the same order and follow the same course and progress, and have the same conditions and concomitants The main action in both cases is on the nerves and capillaries of organic life, producing congestion, inflammation, and fever; and the main symptoms those of these states. In both cases they resemble those of fright; the first symptom in each case is a chill, shiver, or rigor, with depression of vitality or collapse, and then reaction or flushing of heat, inflammation, and fever, with increase of vital action; in both cases the attendant fever begins with severe rigors, and is of an inflammatory character; in both cases the pains are as of a bruise; in both cases the symptoms are worse in the evening, in the open

air, by alteration of temperature, and by movement, and are relieved by rest and warmth; and in both the results are similar, namely, more to light up the diseased tendency of the individual than to produce any particular disease. In fact, I believe the correspondence between the action of *aconite* and of "cold"-producing influences is closer than it is between these influences and the effect of any other drug. As Dr. Hempel says, in his "Materia Medica," "The first stage of an inflammatory fever is not a full and bounding pulse, a hot and dry skin, flushed face, and so forth. An opposite group of symptoms occurs; the patient experiences a chill or cold creepings along the back; he looks pale, hollow-eyed; the hands and feet are cold; the pulse is thin, feeble, rather slower than naturally, or at any rate not much accelerated. This condition is soon superseded by the opposite group of phenomena generally designated as fever. The chill is the primary effect of the

disease; the fever constitutes a secondary effect, or the reaction of the organism. In selecting a remedial agent for this derangement, it should be homœopathic, not only to the primary chill, but also to the secondary group, fever. *Aconite* is such a remedy. *Aconite* is homœopathic to the chill which marks the first invasion of the disease, and to the fever which marks the beginning of the organic reaction. We are seldom called to a patient during the primary invasion of the disease: the organic reaction is generally fully established when we first see the patient. Nevertheless we prescribe *aconite*, knowing full well that the inflammatory stage must have been preceeded by a chill. . . . The primary action of *aconite* upon the capillary nervous network of the intestinal mucous membrane is to induce torpor, such as might be considered analogous to the torpor induced by cold." And Dr. Reil, in his "Monograph on Aconite," says—"Wherever the various

forms of the preparations of *aconite* may be applied, the effect is everywhere the same. There follows no particular pain or swelling, or, at most, a feeling of itching or pricking—a little like pain; but, instead of the feeling of pain there arises, soon after the itching and pricking, a sensation of dulness, and numbness, and local paralysis of the nerves of the affected parts. . . . . *Aconite's* sphere of action is manifested principally in the ganglionic system, and exercises here its special influence upon the nerves of the capillary vessels, exciting fevers, congestions and inflammations."

"Among the drugs of our Materia Medica," says Dr. Meyhoffer, "*aconite*, administered in large doses to a healthy individual, induces effects identical with those produced by section of the sympathetic cervical trunk on the arterial system, *i.e.*, increase of caloric, (dry, burning heat,) dilatation of the capillaries, (swelling, redness of the skin,) frequency of

the pulse, local congestion and inflammation."

Aconite is therefore THE remedy for the commencement of a cold, and the beginning of all diseases that result from taking cold; *and it is in most cases of itself quite sufficient to remove all the evil and restore health*, and thus prevent the necessity for any other medicine. Dr. Dudgeon, in the 'Hahnemann Materia Medica,' says of *aconite*—"It may be looked upon as *specific* in catarrhal fever, and in the catarrhal symptoms occasioned by cold, damp, or the like, which it will even *cut short*.

"*Aconite*," says Dr. Meyhoffer, in the 'Monthly Homœopathic Review,' "administered in the beginning of any febrile affection, such as that caused by cold, will check the progress of the disease, and prevent the morbid localisation by re-establishing normal circulations; if, however, any organ be already the seat of inflammation, as was the case with our

patient, this medicine will even then seldom fail in a few hours to relieve the febrile symptoms, reduce the frequency of the pulse, diminish the burning heat of the skin, and favour perspiration."

And Dr. Russell, in his "Lectures on Fever," says—"*Aconite* is always successful in checking every case of pure fever, when the blood is untainted."

If the treatment be commenced in the chill stage, whilst the patient is more shivery than feverish, ACONITE *alone* should be given, in the 3rd centesimal dilution, in drop doses, a dose every two hours; this will always moderate, generally completely prevent excessive reaction; and mostly obviate the development of any nosological disease whatever, even though such had always been the result following a similar onset before. And if excessive reaction has already set in, and the patient is feverish or in a high state of

fever, with rapid, full, and bounding pulse, a hot dry skin, flushed face, throbbing headache, and so forth, *aconite* alone should still be given; it will even then almost always have the same happy effect: in this case use the 1st decimal dilution; a drop every hour or two.

All drugs have two effects—rapid or primary, and chronic or secondary; and as medicines they meet these two stages of disease, but with different doses.

And even if some definite form of disease is already developed still use aconite, if the aconite symptoms are the most prominent and important, and perhaps alone even then for a short time, though more generally alternately with it some other medicine indicated by the other circumstances, as *phosphorus* for pneumonia; *belladonna* for congestion and inflammation of the brain, or throat; *dulcamara* or *veratrum*, or some other medicine, for diarrhœa; *bryonia* for

lumbago or rheumatism; and so on, according to the symptoms: but as soon as the aconite symptoms have disappeared or become subordinate, relinquish the use of aconite, and continue only the medicine homœopathic to the particular disease. I think it a mistake to give up the use of aconite immediately on beginning the use of the more specific medicine, just as I think it wrong to withhold the appropriate medicine immediately any of its symptoms become at all prominent; for instance, in the case of a cold running on to pneumonia, one part of the lung may have advanced to the stage of phosphorus, whilst another has become invaded by the aconite stage: as, therefore, it would be wrong to withhold the phosphorus, so it would be wrong to relinquish the aconite. This is the key to the advantage derived from alternation in some cases.

But to return: so convinced am I that ACONITE is *the*

medicine for the beginning of all colds, whatever form they assume or are to assume; that I impress on all my friends the necessity of *always* giving it at once and alone, on the least suspicion of cold; and so confident am I the majority of diseases that afflict humanity result from taking cold, that I impress upon them the wisdom of always using *aconite* for the first signs of illness of any and every sort; and if that does not afford relief or check the symptoms, then to call in a professional man; and I am certain I have witnessed the beneficial results of this injunction, for it has prevented them from trifling with the use of *mercurius*, *nux vomica*, *pulsatilla*, *chamomilla*, *belladonna*, or *arsenicum*.

For the primary shivering stage of a cold, and indeed for rigors from whatever cause, Hahnemann recommends camphor. And truly it is, for this condition, the most homœopathic, and therefore the most effectual remedy known. And for the

mere chill stage of a cold, without reference to the reaction stage, it is the most homœopathic remedy; and when given early enough will frequently so restore the cell-action and the nervous- and blood-circulation as to prevent any excessive reaction. When, therefore, the treatment can be begun at the commencement of the chill stage and especially when that threatens to be very marked or severe, camphor should be given, five drops every quarter of an hour on a bit of lump sugar until the shivering appears to be passing off; then watch, and if the slightest appearance of reaction occur give *aconite*, every hour or two.

Though *camphor* is truly homœopathic to the chill stage of a cold it is not so to the reactive stage, and it may well be asked: Why use a remedy that is only homœopathic to one half of the symptoms and pathological condition, when we have one that is homœopathic to the whole? *Nux vomica* is recommended when

there is marked irritation of the mucous membrane of the nose, producing sneezing, &c.; but this symptom is quite a characteristic symptom of *aconite*. *Arsenicum* is recommended where there is much excoriating discharge from the nose and eyes; but this symptom also is quite a marked symptom of *aconite*. Though *arsenicum* corresponds in many respects, both in primary depression and secondary reaction, still its reaction does not sufficiently represent inflammatory fever or acute inflammation to indicate it for the general results of cold; there is also a marked periodicity about the action of *arsenicum* that there is not in the symptoms of a cold; and it is more suited to chronic diseases than acute diseases, such as result from taking cold.

Having always one and the same cause for the morbid state, and the earliest pathological condition and symptoms being always the same, and having one truly ho-

mœopathic remedy, why should patients be allowed to lose time, and allow any serious disease to be developed, whilst dallying with a long list of medicines amongst which they may be lost in choice? Why not recommend them to be content with one old and well-tried friend that will never betray their confidence?

"In acute inflammation," says Dr. Meyhoffer, "we can never have any doubt as to the medicine necessary to subdue it; the action of *aconite* on the arterial system has pointed to it since the time of Hahnemann as the antiphlogistic *par excellence*."

I cannot more appropriately close this part of my essay than with the excellent remarks of Dr. Dudgeon in the "Hahnemann Materia Medica." He says of *aconite*—"It may be looked upon as specific in catarrhal fever, and in the catarrhal symptoms occasioned by cold, damp, or the like, which it will often cut

short. . . . . Inflammation of all parts of the respiratory apparatus is especially under its power, including croup, laryngitis, tracheitis, bronchitis, pneumonia, and pleuritis. In fact, to enumerate the diseases for which it is suitable would be to mention the acute inflammations of every possible organ and tissue in the body; and if it be not for all of these the sole remedy, it is almost always useful, either previous to or in alternation with another remedy which has perhaps a more specific relation to the part affected."

The giving to this wonderful remedy its proper place amongst medicines, and so accurately demonstrating its true curative sphere, is of itself sufficient to add an immortal crown of glory to the head of Hahnemann; and had he done nothing more, he would have earned the thanks and blessings of millions of his fellow-creatures throughout all time, and have been the instrument under Providence of pointing out to suffering humanity

one of the greatest blessings a benevolent Creator has conferred on his frail and mortal creatures. He very justly places it the first and at the head of all medicines in his "Materia Medica," not because of its name beginning with "A,'? but because of its majestic power and important and extensive sphere of usefulness. He calls it a "precious plant," whose "efficacy amounts almost to a miracle."

The *aconite*, Nos. 3 and 1, both pilules and tincture, and the *camphor* tincture, may be obtained from any homœopathic chemist at from ninepence to one shilling a bottle, and should always be in the house ready for use.

Supplementary Directions.

Desiring to be perfectly understood in the subject of *treatment*, and with the object of making the matter as plain and complete as possible, I append the following

remarks, in addition to the directions given at pages 38, 48, *et seq.*

I. The treatment *during* exposure to any of the cold-producing causes.

If a person is so unfortunately situated as to find himself unavoidably exposed to cold-producing causes, he may very likely prevent them taking effect by the use take Aconite. In this case he should take Aconite No. 3, a pilule every two hours during the whole time of exposure, and for four or six hours afterwards. He may place the pilule dry on his tongue and let it dissolve there.

II. The treatment *after* exposure to cold-producing causes, but before the appearance of any symptoms whatever.

In this case the person should take Aconite No. 3, a pilule every two hours for six or eight hours; if no symptoms show themselves within that time he may cease

taking the medicine, and conclude he has warded off a cold.

III. The treatment for the *first appearance of any of the symptoms* of a cold; whilst the person is more shivering than feverish.

In this case the person should take Aconite No. 3, one pilule or one drop of the tincture, dissolved in a dessert-spoonful of cold water, every two hours for twelve to twenty-four hours. If after that time no fever, pain, or inflammation shows itself, he may cease the medicine, and conclude that he has prevented a cold from becoming developed. In this stage camphor is a truly homœopathic remedy, and may be taken instead of aconite, five drops on a bit of lump sugar every quarter of an hour, until the chilliness disappears. (See pp. 48, 49.)

IV. The treatment for a fully *developed cold:* after the symptoms have existed some time, and heat, fever, pain or inflammation has supervened.

In this case the person should take Aconite No. 1, a pilule or a drop of the tincture, dissolved in a dessert-spoonful of water, every two hours : he should go to bed, and keep himself quiet; he should not take much food, but he may drink freely of water, if thirsty. This treatment may be continued for from six to twelve or even twenty-four hours. If perspiration breaks out, the other symptoms will usually soon disappear : if the heat, fever, headache, and pain disappear, the same treatment may be continued for four or six hours longer, and then given up, with the satisfaction that a cold has been cured; but if these symptoms continue or become aggravated, or other symptoms supervene, send for a homœopathic physician; and send for him *before* the time of his leaving home for his visiting work, and before the morning visiting if possible: because, if busy, he may not be able to visit in your neighbourhood twice in one day, and

he may go that way in his morning round. Do not put off applying to him till evening, if you can *possibly* do so in the day, for he may be tired or otherwise unable to attend, and then time will be lost: nor put off until Sunday anything you can do on Saturday, for a doctor likes to have a Sabbath as well as do his patients, and though your case may not occupy him many minutes, yet half a dozen such would effectually spoil his day of rest.

V. The treatment *after the development of a specific disease*, evidenced by the continuance or aggravation of the fever, or pain.

This should always be left to a professional man, if one can be obtained. If, however, a physician cannot at once be obtained, the following observations should be referred to.

PART II.

DESCRIPTION, SYMPTOMS, AND TREATMENT OF DISEASES BROUGHT ON BY TAKING COLD.

Should a cold either have been neglected or have progressed in spite of treatment it will most probably induce one of the following morbid states, viz., catarrh, influenza, sore throat, laryngitis, quinsy, croup, bronchitis, pneumonia, pleurisy, rheumatism, rheumatic fever, lumbago, erysipelas, toothache, face-ache, bilious attack, diarrhœa, jaundice, suppression of urine, checked monthly, &c. I have therefore thought it advisable in this edition to make a few remarks on the diagnosis and treatment of these morbid states.

In doing this I have endeavoured so to describe them that most persons may recognise each and determine the proper management of its early stage; and I have indicated, as liberally as I dare, the length to which a domestic practitioner may trust himself with safety, and I have pointed out the symptoms that warm him to relinquish the management into professional hands. By following these directions many diseases may be cut short and prevented from becoming at all serious, and by attending to the indications of obstinacy or danger the domestic practitioner may avoid running any great risk of fatal delay.

Catarrh.

The 'mucous membrane' is the part involved in common catarrh. The eyes, nose, mouth, throat, larynx, windpipe, bronchial tubes, air-cells of the lungs; the œsophagus, stomach, bowels, liver,

kidneys, bladder, and womb are all lined or covered inside by a thin, smooth, transparent skin, of a light crimson or dull pinkish red colour; in health, always kept moist and soft by its secreting on its own surface a clear bland mucus, hence it is called the 'mucous' membrane.*

* There are three great 'membranes' subject to inflammation—the mucous, the serous, and the fibrous; and inflammation manifests peculiarities according to the membrane inflamed. The mucous membrane covers internal surfaces that have an opening to the external surface, as in the breathing, the alimentary and the urinary passages; and it secretes 'mucus' to keep soft and protect its surface. The serous membrane lines the closed sacs, thus it covers the lungs and lines the inside of the chest walls, covers the bowels and lines the inside of the abdominal walls, covers the brain and lines the inside of the skull, and covers the heart and lines the inside of the heart-bag or pericardium; and it secretes serum to keep its surfaces lubricated that they may move easily on one another. The fibrous membrane sheathes the muscles and attaches them to the bones. In the joints the fibrous and the serous membranes are blended together. Inflammation of the mucous membrane causes increase and perversion of the mucous secretion, even to the extent of the production of pus instead of mucus, as in the case of nasal and ophthalmic catarrhs. Inflammation of the serous membrane causes increase and pervertion of the

The mucous membrane is made up of cells held together by meshes of fibres: the cells make the mucus, and for this purpose they are supplied with nourishment in the form of blood by the vessels, and animated or energised to use this blood for this purpose by the nervous influence conveyed to them by the nerves. Its blood-vessels, which spread everywhere throughout it, are only faintly visible. This mucous membrane is the part on which a cold most readily fastens; particularly that of the eyes, nose, throat, larynx, windpipe, lungs, stomach, or bowels; in one person one part, in another a different one, according to the susceptibility of each person; sometimes two, or three, or more of these parts may be attacked in

serous secretion, even to the extent of the production of fibrine instead of serum, as in the case of pleurisy, hydrocephalus, dropsy, &c. Inflammation of the fibrous membrane gives severe pain, as in lumbago and muscular rheumatism. And inflammation of the fibro-serous membrane gives both pain and swelling, as in rheumatism of the joints.

succession; or, in severe cases, altogether. A cold settling on the mucous membrane produces the morbid state known as 'a catarrh,' so called from the Greek word, *katarrheo*—'I flow from'; because the mucous secretion then flows away in excessive quantity. According to the part affected this morbid state receives the name of cold in the eyes, cold in the nose, cold in the head, influenza, cold in the throat, or sore throat, cold in the windpipe, croup, cold in the chest or bronchial tubes, bronchitis, cold in the lungs, pneumonia, catarrh of the stomach, bilious attack, catarrh of the bowels, diarrhœa, catarrh of the liver, jaundice, catarrh of the bladder &c., &c. A cold may begin in one of these parts and subsequently extend to others; for instance, it may begin in the nose and gradually creep down the throat and bronchial tubes to the lungs. The progress of the cold in these cases follows strictly the course described at p. 6. The first effect

of a cold settling on the mucous membrane is a check or arrest of the nervous and cell-action of the part, with constriction of the vessels and check or arrest of the secretion, this check and constriction, however, soon give way and the vessels relax, and they and the cells run to the opposite extreme and produce excessive secretion; and this 'excessive' soon becomes also 'perverted' secretion; it first becomes thin, watery, acrid, scalding and excoriating, and is accompanied by general febrile spmptoms, as already described when enumerating the symptoms of a cold (p. 6), then the symptoms pass off and are succeeded by the symptoms of debility and exhaustion, the secretion becomes thick and yellow or green, and in some cases the continuity of the mucous membrane gives way and ulcers result, these have to heal up by the ordinary process of growth, and must necessarily occupy some time, the length of which will of course

vary with the reparative power of each individual.

Cold in the Eyes—Ophthalmic Catarrh.

The part involved in cold in the eyes is the mucous membrane covering the eyeball and lining the inside and covering the edges of the lids.

Symptoms. — The first sign of a cold having settled in the eyes is a sensation of dryness, with irritation, tickling, itching and burning as if sand were in them, and then very shortly the eyes begin to water and smart and look red, the discharge at first is thin and clear, acrid, scalding and excoriating, the lids and cheeks are scalded and reddened by it, there is continual winking, with some dislike of light, the tear sac in the inner angle of the eye and the duct into the nose may be invaded by the inflammation and become blocked up so that the tears

cannot pass into the nostrils, which therefore become dry. There may be some shivering alternating with flushes of heat, dull, heavy, frontal headache, thirst, loss of appetite, &c. After two, three or four days the feverish symptoms subside and the discharge becomes thick, and yellow, and perhaps green, and less irritating. Pustules or ulcers may form on the eyeball, and if not properly managed may perforate the eye and destroy the sight. If this disease be neglected chronic ophthalmia may result.

Treatment. — The best treatment for a cold that has settled in the eyes, as a general rule, is to continue the *aconitum* being given for the general cold, and give *euphrasia* 1 as well, a dose, two drops, every two hours alternately so long as the feverish symptoms remain and the discharge is thin and acrid; as soon as the febrile symptoms have subsided and the discharge has begun to assume the yellow colour, the

aconitum and *euphrasia* should be relinquished and *mercurius corrosivus* 3 be given in their stead, a dose, two drops, every two hours until the discharge has almost ceased; and then *sulphur* 6 should be given, two drops five times a day for a week or two, to bring up the tone of the parts to its natural degree. Bathing the eyes with hot water during the first day or the first and second days will afford great relief and expedite the cure, especially if a few drops of *aconitum* ϕ be added to the water, afterwards bathing them with a weak solution of *zincum sulphuricum* ϕ (gr. ij to 8 oz. water). This latter should be used with an eye-glass and the eye opened into it, or the eyes may be *sprayed* with it. Currents of air, cold draughts and strong light should be avoided. Milk diet and no stimulants. If the *aconitum* and *euphrasia* do not check the inflammatory symptoms within two days, or the *mercurius corrosivus* does not considerably diminish

the discharge within three days of its use, or if any spots or pustules appear, it will be better to call in professional aid than run any further risk of serious or chronic ophthalmia, as there may be something peculiar in the case requiring *argentum nitricum*, *kali bichromicum*, or some other medicine not usually supplied in domestic medicine chests.

Cold in the Nose—Nasal Catarrh.

In nasal catarrh the part involved is the mucous membrane lining the nostrils and frontal sinuses (the cavities in the bone at the root of the nose) and covering the soft and convoluted bones and the cavities occupying the space between the face and the throat.

Symptoms. — The first sensation is that of dryness, with heat, irritation, tickling and itching. The dryness soon gives way to moisture, to 'running nose,' with feeling of obstruction as from internal

swelling, soreness of the nostrils, and frequent sneezing, loss of smell, nasal voice, headache at the root of the nose, thirst, shivering, flushes of heat, pain in the back and limbs, and a feeling of weakness. The discharge is at first thin, clear, watery and acrid, excoriating the nostrils, which become red and perhaps ulcerated; in mild and well-managed cases the discharge soon becomes thick, yellow, and perhaps green, and less irritating, and the feverish symptoms pass off; but in severe or neglected cases ulcers of the bones may occur, producing a thick, offensive, green discharge, and establishing the disease called "ozæna."

Treatment. — The best treatment of a cold that has settled in the nose is, as a general rule, to continue the *aconitum* being given for the cold, and give *arsenicum* 6 as well, a dose, two drops, every two hours or every hour alternately as long as the feverish symptoms remain and the discharge continues

thin and acrid. As soon as the febrile symptoms have subsided and the discharge begun to assume a yellow colour the *aconitum* and *arsenicum* may be relinquished and *mercurius* 6 given in their place, a dose, two drops, every two hours until the discharge has almost ceased; and then give *hepar sulphuris* 6, two drops, five times a day for one or two weeks, to bring up the tone of the parts to its natural degree. During the first day or two *steaming* the head and face will afford great relief, especially if a few drops of *aconitum* ϕ be added to the water; and whilst giving the *mercurius* internally the same medicine may be used as spray,* warm (5 gr. of trituration 1 to 8 oz. of water); the patient should be kept to one room, and the air should be kept warm, 65°, and moist by having steam continually escaping into it.

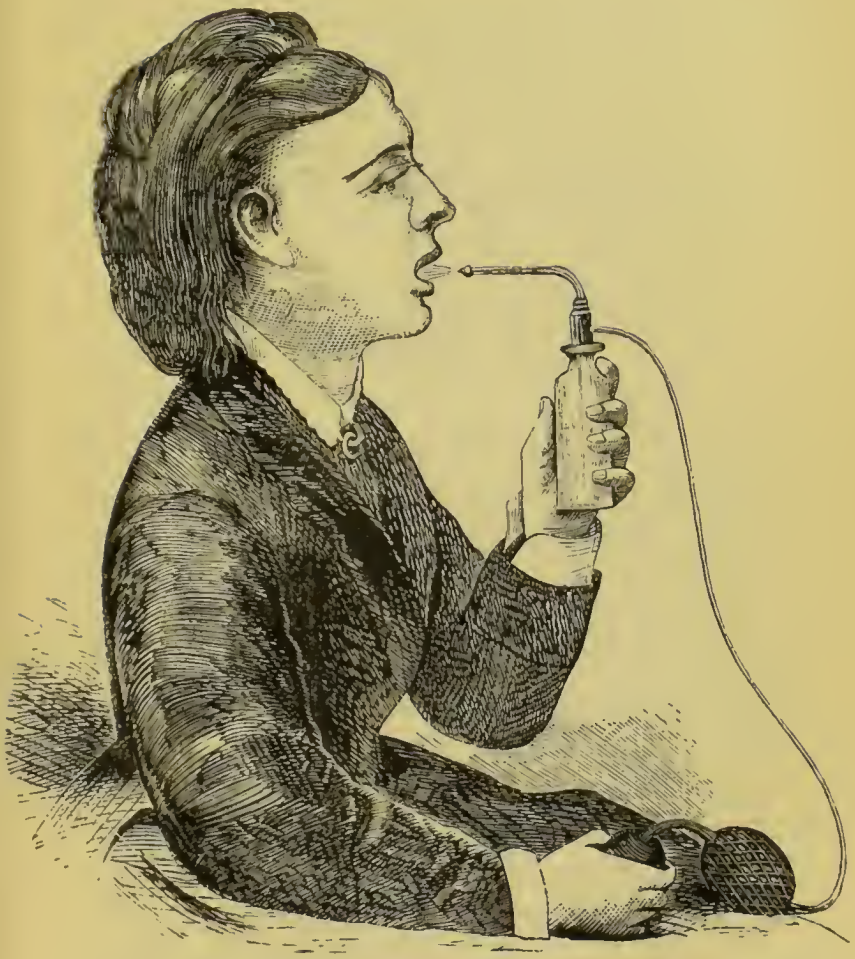
If *aconitum* and

* For the manner of using the spray see illustrations at pp. 70, 71.

arsenicum do not check the inflammatory symptoms within two or three days, or *mercurius* do not diminish the discharge considerably within three

SIEGEL'S PATENT TIN STEAM SPRAY PRODUCER.

days of its use, or if the discharge become streaked with blood or offensive, call in professional aid, for there



THE IMPROVED VULCANITE SPRAY PRODUCER, WITH INDESTRUCTIBLE RUBBER BELLOWS.

may be something in the case requiring *rhus*, *kali bichromicum*, *cinnabaris*, or some other particular drug.

A cold may settle not only in the eyes *or* nose separately, but on both together. The attack is then named

Influenzal Catarrh—Common Influenza.

In this case there is a combination or mixture of the symptoms of both ophthalmic and nasal catarrhs in different proportions in different cases; at one time the eye, at another the nose, symptoms predominate; in others both are about equally prominent; and in very severe cases the throat and windpipe, and even the chest, may be involved, and then the disease becomes serious, and closely resembles the specific or epidemic influenza.

Treatment. — Here the treatment likewise must be varied or alternated, according to the pre-

dominant symptoms. The *aconitum* should be continued, and *euphrasia* 1 should be alternated with it when the eye symptoms predominate, and *arsenicum* 6 when the nose symptoms are more prominent, and when both parts are pretty equally affected relinquish the *aconitum* at once and give *euphrasia* and *arsenicum* alternately every hour until the discharge becomes yellow, and then give *cinnabaris* 6 every two hours until the discharge has almost ceased, and then give *hepar sulphuris* 6, two drops five times a day for a week or two. Steaming and spray impregnated with one of the medicines being given internally are, if possible, more indicated here than in either of the other diseases, and it is still more necessary to keep the air of the room warm and moist.

If the symptoms do not give way rapidly, or if the throat or chest be implicated, or the breathing be much affected, hand over the case to professional management at once,

because it may require *rhus*, *kali hydriodicum*, *kali bichromicum*, or *tartarus emeticus*.

Influenza (*specific*).

Besides catarrhal influenza, which is simply a cold settled in the eyes and nose, there is also a special, specific, or real influenza; this affects not only the eyes and nose, but the throat and chest also, and it does not necessarily depend upon taking cold, but it results from a special and peculiar state of the air, and it attacks a majority of the persons of a town or district suddenly, almost simultaneously, as an epidemic, and it is perhaps less or more contagious, and in some cases ends fatally.

Symptoms. — Specific influenza comes on, not slowly as a result of a cold, but suddenly and at once, with fever and sneezing, pain and tightness across the forehead, pain in the back and limbs, the eyes

and nose red and watery, hot and stinging, with heat about the throat, hoarseness, cough, and oppression of the breathing, accompanied by sudden and extraordinary loss of strength, great debility, and much depression of spirits; pulse soft and weak, great thirst, diminished appetite.

Treatment. — The best treatment for epidemic influenza is first *arsenicum* 6, two drops every hour so long as the discharge from the eyes and nose remains watery and acrid, and then *mercurius corrosivus* 6, two drops every two hours until the discharge has almost disappeared, and after that give *hepar sulphuris* 6, two drops five times a day for a week or two. If symptoms of bronchitis or pneumonia supervene give *tartarus emeticus* 6, two drops every two hours; if the tonsils be much implicated, or rheumatic symptoms be very prominent, give *rhus* 1, two drops every two hours. Steaming the head and face and using the warm spray impregnated

with the medicine being given internally are also beneficial, and the air of the room should be kept warm, 65°, and moist, as directed for nasal catarrh.

This disease should, however, always be under the management of a professional man.

When a cold attacks or extends to the mouth or ear, or face, it may produce GUMBOIL, or TOOTHACHE (particularly if there are decayed teeth), INFLAMMATION OF THE PASSAGE OF THE EAR, EARACHE, or FACEACHE, TIC DOULOUREUX, &c. These affections generally require the same treatment as that required for the early stage of quinsy (see Quinsy, p. 86); at least, this is the case in gumboil and inflammation in the ear passage, because they both, when unchecked, run on to suppuration in the same way. For earache, faceache, toothache, and tic douloureux, if *aconitum*, *belladonna*, and *mercurius* do not cure them, give *pulsatilla* 3 for the earache, *phosphorus* 6 for the toothache, and

chamomilla 3 for the faceache if stomach symptoms are prominent, and *rhus* 3 if in a rheumatic subject, *coffea* 3 if nervous and wakeful, and *colocynthis* 3 if the pain be very sharp, darting.

If none of these cure the case consult a medical man.

Cold in the Throat—Sore Throat.

Parts involved.—The 'mouth' terminates behind in the 'fauces' or arched opening into the throat. This opening is formed by what is called the 'veil or curtain' of the 'soft' palate (the 'hard' palate is the bony roof of the mouth)—a fold of mucous membrane which, hanging down from the top and sides, divides the mouth from the 'throat,' protects and hides from view the back nostril and directs the food and drink downwards towards the stomach. From the centre of this curtain hangs the 'uvula,' or little tongue; the curtain itself terminates on each side in two folds of mucous membrane

called the 'pillars;' these, commencing at the side of the arch, gradually separate as they pass downwards, one coming forwards and the other going backwards, until they are lost in the sides of the mouth and throat. Between these pillars on each side is a 'tonsil,'—a glandular body about the size and shape of an almond placed point upwards between the pillars of the palate just inside the angle of the jaw; they are scarcely visible when of natural size, the space between the pillars being only just a little rounded. The cavity behind this arch (more exposed to view by attempting a deep inspiration and lifting the veil and uvula) and occupying the space between the back nostrils above, the fauces in front, and the entrances of the windpipe and œsophagus below, is called the 'pharynx.' The passage from the pharynx to the stomach lies against and in front of the spine, and is called the 'œsophagus;' and the passage from the pharynx to the

lungs lies in front of the œsophagus, is visible in the front of the neck, and is called the 'windpipe' or 'trachea;' at the pit of the throat the trachea divides into two, which take the names of 'bronchial tubes;' these divide and subdivide again and again, until they form minute capillary terminations which are called 'bronchial' or 'pulmonary cells,' and these, with their connecting membrane, make up the substance of the 'lungs.' The entrance into the windpipe is just behind and below the root of the tongue; this entrance is expanded into a kind of box, the inside of which is called the 'larynx,' and the outside the 'Adam's apple.' Across the inside of the larynx are stretched cords or strings with muscles to tighten or slacken them; these form the human lyre or musical instrument and organ of voice, the opening or passage through which these muscles can draw or close into a mere slit or chink—this entrance is called the 'glottis,' and it is

guarded or covered by a flap or lid of cartilage called the 'epiglottis,' which is lifted up during breathing to allow the air to enter and escape, but is pressed down during swallowing to prevent food or drink entering the windpipe. All these parts are lined or covered with mucous membrane, which, when healthy, is thin, smooth, soft and moist, and of an almost uniform colour throughout, a pale crimson or dull pinkish-red, only faintly showing its blood-vessels. On the outside the 'lungs' are covered by or enclosed in a membrane coarser and stronger — serous membrane — called the 'pleura,' which also lines the inside of the chest-walls or ribs.

In settling in the throat a cold may affect principally the fauces, or the pharynx, tonsils, or larynx, or all of these together. In any of these cases it is called *common or catarrhal sore throat.* If it falls principally on the larynx in a severe form it is a serious disease, and then

receives the name of 'laryngitis;' if it affects principally the tonsils it produces 'quinsy;' if it goes lower down and attacks the windpipe it produces 'tracheal catarrh;' if still lower and attacks the bronchial tubes it produces 'bronchial catarrh or bronchitis;' and if lower still, to the substance of the lungs, it produces 'pneumonic catarrh or pneumonia.'

Cold in the Throat—Common Sore Throat—Faucial Catarrh.

When it is on the mucous membrane of the fauces or arch that a cold settles principally there are first a feeling of dryness, burning, stinging, and roughness at the back of the mouth, with a sensation of swelling and contraction as if the uvula and curtain were hanging down too low, or as if something were there that had to be hawked up or swallowed. There is sharp pain on swallowing; the uvula and arch are red or scarlet and somewhat mottled,

and the blood-vessels are plainly visible; the uvula may be elongated and cause cough by reaching down into the throat on leaning backwards. At first the parts look dry and excoriated, but afterwards there is a viscid clear mucus secreted, causing continual hawking and scraping, which may cause the mucus got up to be streaked with bright red blood. The febrile symptoms of the cold will still be present during this stage. In favorable cases, after a day or two the febrile symptoms subside and the secretion becomes thick and yellow, and perhaps green, and less difficult of detachment; ulcers may form, soft, superficial and irregular, especially on the edge of the arch or on the uvula, and the phlegm in this stage may also be streaked with blood from the ulcers. The appearances within the throat differ greatly from those seen in diphtheria, where there is rather an exudation or coating of whitish-yellow substance upon the

mucous membrane, especially of the tonsils. In severe cases, or when the inflammation has not been checked early, abscess may form in the arch or pillars; this will produce a state much resembling quinsy, and will require much the same management (see Quinsy, p. 86).

Treatment. — The best treatment for inflammation of the fauces, as a rule, is to continue the *aconitum* being given for the cold and give *belladonna* 3 as well, two drops alternately every hour or two as long as there are feverish symptoms, or dryness, or clear tenacious phlegm, even although there be abrasion or excoriation of the mucous membrane; after the subsidence of the febrile symptoms, or the phlegm changes to yellow, stop the *aconitum* and *belladonna* and give *mercurius* 6, two drops every two hours until the ulcers are healed and the discharge of phlegm stopped; after this give *sulphur* 6, two drops five times a day for a week or

two to restore the strength of the parts. Much present relief may be obtained in the early stage whilst the parts are dry, or the secretion is clear and viscid, by breathing *steam through the mouth*, especially if a few drops of *aconitum* ϕ be added to the water; and after the discharge has become yellow or green the cure may be expedited by spraying the throat with a weak solution of *mercurius* (5 gr. of 1st trit. to 8 oz. of water). Ordinarily the patient should be careful to breathe through the nose, and to keep in one room with the air warm, 65°, and moistened with steam; he should also apply a hydropathic compress round under the chin from one ear to the other, fastened with a handkerchief tied on the top of the head.

If the feverish and inflammatory symptoms do not give way within two or three days, or if the *mercurius* does not heal up the ulcers within three or four days of its use, it will be better to call in a professional

man than run the risk of abscess or chronic sore throat; the case may be one requiring some less usual medicine, such as *rhus*, *apis*, *lachesis*, *tartarus emeticus*, *kali bichromicum*, or *calcarea carbonica*, and which it would want a practitioner's knowledge and tact to select.

Cold in the Throat—Common Sore Throat—Pharyngeal Catarrh.

When the mucous membrane of the pharynx is the part principally affected the symptoms are very similar to those enumerated as occurring when the fauces are affected, but they feel farther back, and the desire to swallow is more predominant than the desire to hawk; there is also sensation as of something hanging from the back nostrils that had to be detached by forcible inspiration through the nose. On inspection the back of the throat will be seen to be in much the same state as that of the fauces just described.

Treatment. — The

same treatment is required here as in faucial catarrh, except that the *mercurius* may be resorted to a little earlier. The steaming, spraying, and hydropathic compress are also equally useful here. And the same remarks apply as to the calling in of professional aid; some of these cases require *pulsatilla*, *acidum muriaticum*, *tartarus*, *emeticus*, or *kali bichromicum*.

Cold in the Throat—Common Sore Throat—Quinsy.

When a cold settles principally on the tonsils they become tender, painful, swollen, and plainly visible, filling up the space between the pillars on the sides of the fauces, and giving great pain on swallowing and yawning, sticking or striking into the ear; and there is tenderness on pressure at the angle of the jaw. This affection is called 'quinsy,' and that whether it go on to suppuration or not. The pain on swallowing and yawning is a very

marked symptom in quinsy, much more so than in any other affection of the throat, particularly when both tonsils are inflamed—double quinsy—and the pain is much more aggravated by swallowing fluids than solids, and still more so on empty swallowing, to which there is a constant tendency caused by the tenacious mucus and the increase of saliva. There may also be redness and swelling of the mucous membrane covering the tonsils and pillars of the palate, giving a general swollen and red appearance to that side of the throat. The symptoms of fever will still be present. There may be much thirst, headache, and alternation of shivering and heat. If the inflammation continue, or be neglected for two or three days, the tonsils will very likely suppurate, and then the matter must be discharged by bursting. In this case the febrile symptoms continue, and the throat symptoms grow worse, the swelling and painfulness of swallowing in-

crease, the breath becomes offensive and speaking becomes difficult and swallowing almost impossible in double quinsy. This state may last one, two, or three days. When the bursting takes place the relief is immediate and marked, and the swallowing free and almost painless at once.

Treatment. — The best treatment for quinsy, as a rule, is to continue the *aconitum* being given for the cold, and give *belladonna* 1 as well, two drops every hour or two alternately as long as the febrile symptoms and the dryness or heat continue marked; after the fever has somewhat abated stop the *aconitum* but go on with the *belladonna* and give *mercurius solubilis* 6 as well, two drops every two hours alternately. After the tenderness and swelling are gone give *sulphur* 6 five times a day for a week or two, to restore the tonsils to their natural state. If the tenderness and swelling continue or increase after the fever is somewhat subdued, and

particularly if renewed shivering occur, it is probable that suppuration is taking place; in this case cease the *belladonna* and *mercurius* and give *silicea* 6, two drops every two hours until the abscess bursts; and then give *hepar sulphuris* 6, two drops every two hours for a couple of days, and then five times a day for two weeks, in order to reduce the tonsils to their natural size and to prevent chronic enlargement. Breathing steam or holding very hot water in the back of the mouth will give considerable assistance and help to prevent the beginning of suppuration, and after suppuration has begun they will keep the matter to the surface, and so will the hydropathic compress at the angle of the jaw covered with oil-silk with a handkerchief tied over the head, as recommended for faucial catarrh. In severe cases of inflamed tonsils it is better to call in professional advice at once, because cases differ so much, and to check them

and prevent suppuration, or chronic enlargement, often requires, not *belladonna* and *mercurius*, but *baryta carbonica*, *mercurius iodatus*, *lycopodium*, or some other drug.

DIPHTHERIA.

Besides quinsy there is another inflammation of the tonsils not altogether dependent on taking cold, but of a specific character and infectious. In this case the attack is ushered in by a feeling of having suddenly and somewhat unaccountably taken a bad cold. There are much shivering and fever, severe pain in the back, limbs and head, as if threatened with rheumatic fever. In many cases the attack may be traced to a wetting the day before, or exposure to a foul odour, as from a drain. At the first there is no complaint made about the throat being sore, but on inspection after about twelve hours from the beginning of the illness the throat may be seen to be red, at least about one of the tonsils. After about

twenty-four hours, however, there is pain on swallowing, and tenderness on pressure at the angle of the jaw of the affected side, and on inspection the tonsil may be seen to be swollen and red, and to have a mottly appearance as if yellow spots were coming through the mucous membrane; and within a few hours more yellow spots do show themselves at the surface, as if little points of cheese were issuing from the substance of the tonsil. These increase in number and size until by the third day they meet and coalesce into one patch or coating. This gradually increases, so that by the fourth day it has invaded the pillars and part of the arch and become much thicker by addition to its under surface; this addition would appear to be at the expense of the substance of the tonsil and neighbouring parts, for on forcibly removing it a red excavation remains, with angry dark red edges, somewhat inverted. Though removed it will form

again as long as the disease remains in the system; it is not the membrane that forms the disease but the disease that forms the membrane, and so removing the membrane either by forceps or acids or solvents does nothing towards curing the disease. This must be done by constitutional means, by internally administered specifics. If left to itself, in mild attacks and vigorous constitutions, the exudation will, as a rule, not spread much further, but will remain much the same for the fifth and sixth days, and then gradually fall off, and the parts will gradually recover more or less perfectly. During the third day of the illness the same process shows itself on the other tonsil, and this goes through the same course. The tonsils become in some cases very large and very prominent at the angles of the jaw, and the whole fauces look very red, swollen, and angry, and swallowing is then very painful. In mild cases, and in most

cases under homœopathic treatment, the febrile symptoms disappear during the third day, and the patient feels much better of himself, even though the throat looks worse and both tonsils have become affected, for, as before stated, the throat affection is rather the result of the disease than the disease itself. By the end of the third day or the beginning of the fourth the tonsil first attacked begins to clean and heal; there is no true ulceration; and on the fifth or sixth day amendment is visible in the other tonsil. In severe, neglected, or improperly managed cases the progress is more rapid than that mentioned above, and all the symptoms more grave; the parts assume a boggy and livid appearance, and the exudation extends so as, in some cases, to involve the whole arch and uvula and invade the larynx and trachea; it also becomes tough, leathery, and membranous; indeed, the case assumes the aspect and characters of malignant

diphtheria, which is very serious and often fatal, at least in children. This disease is very prevalent in damp weather, and damp and badly drained situations, particularly badly drained houses, or where the drains are defective or damaged, and there is escape into the house or foundations. It is a constitutional or blood disease, somewhat resembling scarlatina, and may attack several members of a family at once or in succession.

Treatment.—If the attack has followed a wetting give *rhus toxicodendron* 1; if it has followed exposure to a foul odour give *acidum muriaticum* 1, two drops every hour until the fever symptoms disappear; then give *mercurius biniodatus* 2, two grains dissolved in water every two hours until the exudation has been removed; and then give *hepar sulphuris* 6, two drops five times a day for a week or two to restore the natural tone. During the time the exudation is present spray the throat

frequently with warm *muriatic acid spray* (5 drops ϕ to 8 oz. of water), and keep the hydropathic compress applied as recommended for faucial catarrh and quinsy. Isolation and ventilation are very necessary. It is much the best, however, to call in a medical man on the first appearance of exudation, because any case may turn out serious, and not to be checked except by *croton*, *tartarus emeticus*, *kali bichromicum*, *apis*, *lachesis*, or *crotalus*, or some other drug requiring the knowledge and tact of the physician to select.

COLD IN THE THROAT—COMMON SORE THROAT—LARYNGEAL CATARRH, IN ADULTS.

When a cold settles on the mucous membrane of the larynx, as it is very apt to do in public speakers, singers, actors, and children, the result is laryngeal catarrh, or laryngitis, or croup. The parts involved in laryngeal catarrh are the vocal cords, the chink of the

glottis, and the epiglottis; also in some cases the neighbouring parts of the pharynx and root of the tongue. In laryngeal catarrh of adults, sometimes called singer's or clergyman's sore throat, the earliest and most marked symptoms are hoarseness and loss of voice, with frequent, irritable, dry, tickling cough and difficult breathing, especially in inspiration; tickling, pricking, dryness, and burning behind and below the root of the tongue and at the upper part of the windpipe in the region of the Adam's apple; there may be some difficulty and pain in swallowing, and the food and drink may be apt to get into the larynx and produce spasmodic cough; febrile symptoms will still be present. As in other regions, when the mucous membrane is inflamed it is at first dry; this is, however, soon followed by secretion of viscid tenacious mucus, which causes continued hawking to clear it away. Though the principal part inflamed is out of the

range of sight, except by the aid of the laryngoscope, so much accompanying dryness, redness, and swelling, may usually be seen about the lower part of the fauces as to indicate the state of the parts below. In favorable or well-managed cases the febrile symptoms will subside within three days, and the mucus become thick and yellow, and less difficult to detach; as in the fauces and pharynx, however, ulcers may form, these tend to keep up a continuous tickling, pricking, and coughing. In severe attacks, or if the inflammation be not speedily checked, the case may turn out to be a very serious disease, acute laryngitis or true croup, both of which are very dangerous diseases; or ulcers and granulations may remain and prolong the case into one of chronic laryngitis.

Treatment. — The best treatment, as a rule, is to continue the *aconitum* being given for the cold, and give *spongia* 1 as well, two drops every hour or two alternately

as long as the febrile symptoms or the dry irritable tickling cough or the viscid secretion continues. After the febrile symptoms have subsided, or the secretion has become yellow and easily detached, relinquish the *aconitum* and *spongia*, and give *hepar sulphuris* 6 instead, two drops every two hours until the cough and expectoration cease. Breathing steam during the early stage is a great help, especially if a few drops of *aconitum* ϕ be added to the water; and using the warm spray, impregnated with *aconitum* (10 drops of ϕ to 8 oz. of water), whilst taking *aconitum* internally; and spray containing *hepar* (5 grs. of 3rd trituration to 8 oz. of water) whilst taking the medicine internally; or a spray containing *argentum nitricum* (10 grs. 1st decimal to 8 oz. of water) if ulcers or granulations become chronic, and having the throat encircled with a hydropathic compress changed every six hours. The air of the room should be kept

warm, 65°, and moist, as directed for laryngeal catarrh in children.

If the symptoms do not speedily subside under this treatment call in professional assistance, because the case may require *apis*, *causticum*, *kali bichromicum*, *lachesis*, *iodium* or *bromium*, or some other drug. If the difficulty of breathing be at all a prominent symptom call in professional aid at once, because it may be a case of acute laryngitis from the beginning; this is a serious disease, and under the old system frequently fatal, though under homœopathy nearly always, I may say always, curable. With the object of preventing mistake or fatal delay I give a description of this disease next.

Cold in the Throat—Acute Laryngitis.

This disease occurs most frequently in adults; it involves the same parts as common laryngeal catarrh, and the symptoms

are very similar to those described under that heading, but much more severe; there are much more difficulty and pain on breathing and swallowing; inspiration is peculiarly protracted and wheezing or struggling, evidencing that the opening into the windpipe is much narrowed; the swelling is of an œdematous or puffy character, like that produced by the sting of a wasp when it has taken place in the mouth or throat. The cough has a peculiarly harsh, stridulous, husky, and abortive sound. The epiglottis being swollen and stiffened, does not properly close the glottis, and food and drink frequently produce spasmodic cough by getting into the windpipe. Speech is a whisper with the lips, and there are great restlessness and anxiety about the patient, and great dread of falling to sleep because of the struggle for breath. So intense is the inflammation in some cases, and so dangerous the swelling in this locality, that there is risk of

rapid and complete closure of the glottis and speedy death by suffocation unless averted by tracheotomy, that is, cutting an opening into the windpipe.

Treatment. — This should in every case be resigned into professional hands; but should such not be immediately possible pursue the following plan:—Continue the *aconitum* and give *apis* 3 as well, two drops every half hour or hour alternately, and steam the throat continually with water impregnated with *aconitum* ϕ; also encircle the throat with a flannel lifted out of boiling water, and cover this with several folds of dry flannel. Keep the air of the room warm, 65°, and moist, as recommended for croup. After the symptoms have subsided considerably *spongia* may be required, or *iodium* or *kali bichromicum* or some other drug, but these cases should always be resigned to a practitioner. If suffocation appear imminent tracheotomy must be resorted to; this prevents

death taking place at once, and gives time for the medicine to operate.

Cold in the Throat — Laryngeal Catarrh, in Children—Croup.

When a cold settles in the larynx in children, as it is very apt to do during the prevalence of east winds and in damp situations, particularly in *some* children, it rapidly produces what is called croup. After a day or so of the symptoms of a common cold, such as sneezing, cough, hoarseness, sometimes so slight as scarcely to be noticed, the child may retire to bed with very little apparently amiss, but about midnight it will be awakened by dryness in the throat, and will start up as if from a dream or fright, and give a loud, rough, dry, hollow, barking cough, followed by a long, sonorous, metallic, difficult inspiration, as if drawing the air through a tin tube; it will throw itself about the bed, apparently in great distress, repeating this cough

and inspiration almost incessantly, apparently struggling for breath in danger of immediate suffocation. The countenance will be anxious and distressed; the eyes looking wild and the face flushed; the head and skin burning, dry, and hot; the pulse will be rapid and strong; and there will be considerable thirst and fever.

Treatment. — *Aconitum* is almost all the medicine that is required, at least for some hours. Drop thirty drops of *aconitum* 1 into a teacup, and add thirty teaspoonfuls of clean cold water to it, and then give the child, however young it is, a teaspoonful every five minutes. Take up the child and carry it into a warm room, free from draughts; keep the room at or above 65° by a good fire, and keep the air moist by having steam continually escaping into it by keeping water boiling and frequently pouring some of it in a long stream into a tub or bath and dipping flannels into it and raising them up into

the air. Tear a strip of flannel two inches wide and about a yard long, wring this out of boiling water, and wrap it quickly round the neck, as hot as the child can bear it, and immediately wrap outside this dry flannel four inches wide and about a yard and a half long, and then wrap the child altogether in a warm blanket or shawl close up to the chin, and let the nurse keep it on her lap. Do not give the child a general hot bath, or undress it, or expose it in any way, or even change or remove the flannels from the neck for some hours; the flannels should remain until the cough is quite loose and the fever gone; then they may be removed, and the outer one made dry and hot and wrapped round the neck by itself. Continue this treatment until the fever is considerably diminished and the skin moist, the cough loose, and the inspiration free and easy, and then give the *aconitum* only every quarter of an hour for two hours, and if improvement

continues after that give it only every hour for two hours more, and then stop it altogether and give *spongia* 1, two drops every two hours for twenty-four hours. Should a loose cough remain after that give *hepar sulphuris* 6, two drops every two hours until it is gone. A medical man should be sent for as soon as possible, for sometimes in predisposed children and the prevalence of east wind, or other unfavorable weather, unless promptly well managed, the parts do not thoroughly recover their healthy state, but remain weak and disposed to secrete plastic exudation, which adheres to the surface and forms a skin or membranous lining, constituting chronic or membranous croup, which is a serious and obstinate and often fatal disease.

Cold in the Throat—Common Sore Throat—Tracheal Catarrh.

When a cold settles on the windpipe it produces rough,

loud, deep, hollow cough, with hoarseness and roughness of voice, dryness, irritability, and tickling in the windpipe, and rough rasping breathing; then secretion of viscid mucus, which produces much plaguing, fatiguing cough, and hawking and scraping; the mucous membrane soon gives way, and ulcers result, and the secretion becomes yellow or green, with much rawness and soreness on coughing. There are feverish heats and chills, and some obstruction and difficulty in breathing. In favorable and well-managed cases the fever subsides in three or four days, and the expectoration becomes easy; but in severe or mismanaged attacks the inflammation gradually extends downwards to the bronchial tubes, and perhaps to the lungs.

Treatment. — The best treatment of tracheal catarrh, as a rule, is to continue the *aconitum* being given for the cold, and give *spongia* 3 as well, two drops every hour or two alternately until the

fever disappears or the phlegm becomes yellow, and then relinquish these and give *kali bichromicum* 3, two drops every two hours until the ulceration heals, and the expectoration ceases, and after that give *hepar sulphuris* 6, two drops five times a day until the natural tone of the windpipe is re-established. Here, also, great benefit will be derived in the early stage from breathing steam, particularly if impregnated with *aconitum* ϕ, and from the hydropathic compress *round the throat* (not under the chin from ear to ear), and a warm moist atmosphere, and afterwards spray impregnated with *kali bichromicum* (5 grs. of 1st trit. to 8 oz. water). If the feverish symptoms do not give way within three or four days, or if the inflammation extends to the bronchial tubes, call in professional aid, because *tartarus emeticus*, *mercurius*, *phosphorus*, *iodine*, or some other drug, may be required to check the disease or complete the cure.

Cold in the Chest — Bronchial Catarrh—Bronchitis.

The next portion of the respiratory organs a cold is apt to attack is the bronchial tubes, and here the affection receives the name bronchial catarrh or bronchitis, from *bronchos*, throat, and *itis*, inflammation, and this is one of the most common results of taking cold. It may attack the large tubes alone, and then it is properly named bronchial catarrh; or the small tubes—ordinary acute bronchitis; or the capillary terminations — capillary bronchitis, or all these together. The danger bears a direct proportion to the fineness of the tubes attacked, capillary bronchitis being a really serious disease, especially in children and old people. Bronchitis may occur in only one side of the chest, but it usually attacks both.

A cold is known to be assuming the character of bron-

chitis by the occurrence of tightness across the chest, and oppressed, difficult and rapid breathing, with feeling of heat, dryness, rawness, soreness, and irritability within the chest, especially to cold or dry air, which provokes dry, spasmodic, fatiguing cough. There is considerable fever, with thirst and headache and rapid pulse, and dry, sonorous, whistling respiration. Within a day or two the dryness of the mucous membrane gives way to a viscid, clear, mucous secretion, difficult to get up, and the coughing and exertion to get it up mix it with air, so that it is discharged as frothy expectoration, perhaps streaked with bright red blood; the breathing has then acquired a moist sound, but the whistle is replaced by a wheezing or rattling. In mild or well-managed cases the fever subsides by the third or fourth day, and by the fifth or sixth the expectoration begins to assume a yellow colour and thick consistence,

and to be less difficult to detach; it may even be greenish and streaked with blood from ulceration of the surface of the membrane. In severe cases, unless very well managed, the symptoms increase, the difficulty of breathing becomes greater, the voice becomes a whisper, the face assumes a purplish and puffy appearance, great prostration supervenes, and cold perspiration; the mental faculties become dull, and death closes the scene within a week or ten days as a rule. Even cases mild at first require prompt and energetic treatment, or they may become severe, or they may run on into 'chronic bronchitis,' and keep up a perpetual cough, or induce asthma or consumption; neglected bronchitis is a very frequent cause of consumption and asthma.

Treatment. — For the early stage of 'bronchial catarrh' the best treatment, as a rule, is to continue the *aconitum* being given for the cold, and give *bryonia* 3 as well;

for the early stage of acute bronchitis *aconitum* and *kali bichromicum* 3, and of capillary bronchitis in old persons *aconitum* and *tartarus emeticus* 3, and in children *aconitum* and *phosphorus* 3, two drops every two hours or every hour so long as the fever persists and the expectoration remains clear and viscid. After the fever has subsided, and the expectoration become yellow, cease the *aconitum*, but continue the *bryonia*, *kali bichromicum*, *tartarus emeticus*, or *phosphorus*, respectively, until the expectoration is considerably diminished and free from blood; and then give *hepar sulphuris* 6, five times a day for a week or two to restore the tone of the parts. Breathing steam impregnated with *aconitum* ϕ during the fever stage, and a large hot bran or oatmeal poultice should be kept on the front of the chest, or the chest enveloped in one, or in a hydropathic pack, and the patient should be kept in bed, and the air of the room kept warm (65°) and moist,

as recommended in laryngeal catarrh. Steam or spray impregnated with the medicine being used internally in the later stages, will also assist the cure; talking should be avoided as much as possible. If the fever does not subside by the fourth or fifth day under the *aconitum*, *bryonia*, *kali bichromicum*, *tartarus emeticus*, or *phosphorus*, respectively, or if the breathing continues oppressed or short, call in professional assistance, because some other medicine may be required to meet the peculiarities of the case, such as *belladonna*, *hyoscyamus*, *mercurius*, in order to prevent it running into chronic bronchitis, asthma, or consumption.

Asthma.

Attacks of bronchitis frequently repeated, if they do not develop consumption, usually produce asthma and heart disease. Besides weakening the heart and lungs generally, bronchitis produces

thickening of the mucous membrane lining the fine air-tubes leading to the air-cells of the lungs; this, less or more, closes these tubes and thereby obstructs the escape or expulsion of the air from the cells after inspiration has filled them, and this obstruction is increased by the phlegm that is secreted. The effort to expel the air in expiration stretches the air-cells, and this effort has to be increased to expel the phlegm by the act of coughing. The fine bronchial tubes, which are about the $\frac{1}{50}$th of an inch in diameter, are composed of an extremely thin layer of fibrous, elastic, and muscular tissues blended together, and lined with a very thin layer of transparent mucous membrane, the whole forming a membrane like very thin transparent tissue-paper. The walls of the air-cells are still thinner, being without any muscular substance at all. Between the mucous-membrane layer and the fibro-elastic layer of the cells is spread (like the net of a

balloon) the network of extremely fine blood-vessels that convey the blood through the lungs to expose it to the air contained within the cells. Coughing is the main cause of the over-stretching of the air-cells; the sudden inflation and the forced effort to empty the cells tend to destroy the resilient power of the fine elastic membrane, and, indeed, they do really destroy it eventually in some cases, leaving the cells permanently stretched and inelastic, so that instead of being about $\frac{1}{200}$th of an inch in diameter they are made to be about $\frac{1}{50}$th, or even very much larger, constituting permanent dilatation of the air-cells—emphysema of the lungs. This over-stretching also obliterates the fine capillary blood-vessels which envelop the cells, and so it prevents the blood from circulating through them, so that the blood does not become properly aërated, hence the feeling of want of breath—the asthma. This obstruction of the circulation

throws extra work upon the heart in its endeavour to force the blood through the lungs, so that the same effect eventually becomes produced in the heart by its extra forcing to expel the blood that has already been produced in the air-cells in their extra effort to expel the air—thinning and dilatation. Hence the pain and the palpitation of the heart that asthmatic persons suffer from, and the inability to bear exertion that exists, and the dropsy that follows. Every attack of bronchitis increases the susceptibility to future attacks; and when the attacks are brought on by much less exposure than usual, and are marked by more wheezing and difficulty of breezing, and are more prolonged and less amenable to treatment than usual, and the cough has more of a spasmodic character, and the cough and difficult breathing have a tendency to wake up the patient in the small hours of morning, the supervention of asthma may be dreaded. Subjects of

bronchial emphysematous asthma are extremely liable to have bronchitis brought on by the least exposure to cold, cold air, night air, damp air, fog, damp clothes, over-exertion, &c., and especially so during the prevalence of east or north-east or south-east winds. They should, therefore, be very careful to avoid all these; they should never venture out of doors when the air is at or below 45° without wearing a Jeffery's respirator or pneumo-clime; and when they do take cold they should lay up at once and commence the treatment recommended under 'Bronchitis.'

Treatment. — The treatment of bronchial emphysematous asthma resolves itself into the treatment during the attack and the treatment during the interval. During the attack the treatment is simply that of bronchitis, and requires *aconitum*, alternated with or followed by *bryonia*, *phosphorus*, *belladonna*, *tartarus emeticus*, *kali bichromicum*,

ipecacuanha, &c., according to the prevailing phase and the stage of the attack. The selection should, however, be made by a physician. The treatment during the interval consists in the use of the means of bracing up the nervous and muscular systems and the digestive organs, and includes change of air, mineral waters, cold baths, regular habits, regulated diet, and the administration of *sulphur*, *hepar sulphuris*, *calcarea*, *ferrum*, *nux vomica*, *pulsatilla*, *arsenicum*, &c. But the most suitable medicine and the special course in each case requires the knowledge of the physician for its selection.

Cold in the Chest—Pulmonary Catarrh—Pneumonia.

When a cold settles on the substance of the lungs the disease is called pneumonia, pneumonitis (*pneuma*, the lung, and *itis*, inflammation). The bronchial cells are usually involved in this inflamma-

tion, particularly in children, and then it is named broncho-pneumonia, and the pleura, or outside covering, is frequently implicated, particularly in rheumatic adults, and then the disease is named pleuro-pneumonia. Inflammation of the lung usually attacks the lower part: when it occupies a part only of a lung it is 'partial' pneumonia, when it occurs in only one lung it is 'single' pneumonia, and when in both lungs it is 'double' pneumonia.

The commencement of pneumonia is announced by the occurrence of a deep-seated dull pain in the part of the lung attacked, usually the side towards the back, accompanied by a feeling of tightness and inability to expand the lung there as if a weight lay on it, and every attempt to do so causes severe pain. There is at first a short, continuous, deep, hard, dull, dry cough, and by applying the ear to the part affected the breathing may be heard to be

crepitant, and the part will be painful to pressure, and it will give out a dull, solid, non-resonant sound on being tapped, because the lung there is filled with blood instead of air, and the chest does not expand on that side equally with the other. At first there is no expectoration, but about the third day some mucus is secreted, and it is of a reddish colour from some of the blood oozing out also, making what is called 'prune-juice' expectoration; this is somewhat difficult to get up. There are considerable fever and thirst, so much so as to give the name 'lung fever' to this disease. In broncho-pneumonia the breathing is more interfered with, and in pleuro-pneumonia pain is much more prominent. In mild and favorable cases the fever gives way by the fifth or sixth day, the pain subsides, and the expectoration becomes yellow and less difficult to detach, and the breathing becomes free and easy, the appetite returns, and the health is re-established

within a fortnight. In severe or neglected cases, however, all the symptoms increase, the breathing becomes very short and painful, and the strength fails rapidly, and the patient may die merely from the loss of lung room, in the acute stage; or the lung may proceed to suppuration or gangrene and wear away the strength by exhausting expectoration; or it may induce consumption, which, indeed, it is very apt to do if it occur in the upper part of the lung; pneumonia is, in fact, more frequently the cause of consumption than is any other disease.

Treatment. — The best treatment for broncho-pneumonia is to continue the *aconitum* being given for the cold, and give *phosphorus* 3 as well, and for pleuro-pneumonia *aconitum* and *bryonia* 3, two drops every two hours alternately until the fever has been subdued and the expectoration begun to assume a yellow colour, and then cease the *aconitum*, but continue the *phosphorus*

or *bryonia* respectively until the expectoration is considerably diminished, and then give *sulphur* 6, two drops five times daily until healthy action is completely restored. In all cases of pneumonia the patient should be kept in bed in a warm room with moist air, and a large hot poultice or a partial hydropathic pack kept continually applied to the affected side, at least so long as it is necessary to continue the *aconitum;* talking should be avoided as much as possible. If the fever does not give way, or the pain does not subside, nor the expectoration turn yellow, or the breathing become easy and free, within six days, call in professional assistance, because the case may require *veratrum viride*, *tartarus emeticus*, *lobelia*, *lycopodium*, or *sulphur*, or perhaps *sanguinaria*.

Consumption—Phthisis.

Some persons have what is called a 'consumptive constitution,' that is, they are liable to have

consumption developed if much exposed to unfavorable conditions, such as deprivation, watching, constant anxiety, taking cold, &c. Such liability is indicated by the presence of what is called a 'nervous temperament'—large nervous and small bony and muscular systems; small chest, nose and throat; whiteness, fineness or clearness of skin; flaxen, or yellow or brown hair; blue, or grey or hazel eyes; and small, weak and excitable pulse. Such persons are peculiarly liable to take cold, and this in them usually falls on the breathing apparatus—nose, throat, chest. These persons should be extremely careful to avoid all causes of exhaustion and debility, and to avail themselves of every means of husbanding their bodily strength and of bracing it up, and, if possible, of increasing it, for they have received but a small stock from their parents. They should very carefully avoid all the causes of taking cold (see p. 13), and adopt every pos-

sible means of prevention (see p. 26); and when they do take cold they should not neglect it even for a day, but attend to it at once, as directed at page 30. Whenever in such persons a cold shows unusual symptoms, or takes an unusual course, or lingers longer than usual, or produces more debility than usual, the beginnings of consumption should be suspected. And if in addition to these there is a short, dry, tickling cough, worse in the evening and aggravated by deep breathing, laughing, talking, or exertion; more hurry of the breathing than usual by exertion; a feeling as if smoke had got into the windpipe; a feeling of weight on the chest beneath the collar-bones; some little feverishness in the evenings, or burning of the palms of the hands; unusually quick pulse; tendency to perspire towards morning in bed; loss of appetite for breakfast; marked failure of strength, or perceptible loss of flesh, very grave suspicions may be

entertained, and no time should be lost before seeking competent professional advice.

Treatment.—Immediately there is the slightest suspicion that consumption threatens seek professional advice at once; lose no time, for it is only in the early stage that absolute cure is to be looked for; if, however, homœopathic treatment be adopted and well directed, and well carried out, before any great amount of deposit has taken place, complete *cure* may be expected, and restoration to perfect health anticipated. There is a marked contrast here between the activity of the new system of medicine and the supineness of the old—between the help rendered to the patient by homœopathy and by the old system. Under the old system all that can be done is to take care of the patient and administer *cod-liver oil!* Allopathy has not one single medicine of any value whatever in checking the deposit of tubercle, or in assisting its

absorption! Whereas, under homœopathy, besides the necessary care and protection and the exhibition of *cod-liver oil*, absolutely effective *remedies* can be made use of. Homœopathy provides active remedial measures and absolutely curative medicines—medicines that can not only check the deposit of tubercle but also cause its absorption and removal—*calcarea*, *hepar*, *sulphur*, *iodium*, *lycopodium*, *phosphorus*, *pulsatilla*, *kali*, *sanguinaria*, &c. &c., offer a powerful and effective armamentarium against many of the onslaughts of this dreadful foe to our race and fell destroyer of many of its most lovely and gifted representatives. It is probable that before any suspicion of incipient consumption has dawned upon the mind of the patient or his friends the *aconitum* will have been supplemented by *belladonna*, or *byronia*, or *phosphorus;* at all events, in the absence of professional advice, whatever medicine is being administered (unless it be *calcarea*) it must

be relinquished, and *calcarea carbonica* 6 must be given in its place, two drops every two hours. The patient must be kept in one room, well-ventilated and kept at a temperature of 65°, day *and night;* he must absolutely avoid all cold draughts and all alcoholic stimulants; he must have very little tea and no coffee; have milk, oatmeal gruel, beef tea, eggs, and other light, nourishing and easily digested food, and some *cod-liver oil;* his drink must be black-currant tea, lemon-juice water, toast water, milk and water, or barley water. If the cough be very troublesome in the evening he may inhale steam or spray impregnated with *belladonna* ϕ.

In all cases of threatened consumption have the assistance of a homœopathic physician as soon as possible; possibly *calcarea* may not be the best medicine in any given case.

Cold in the Chest—Pleurisy.

The next part of the respiratory organs on which a cold is apt to settle is the pleura—the serous membrane covering the outside of the lungs and the inside of the ribs.

The onset of acute pleurisy is announced by the occurrence of severe stitching pain in the side in the region of the ribs, *i. e.* the side of the chest, not in the soft part below the ribs. It is discovered in breathing, especially by taking a deep inspiration, which, indeed, it prevents and causes the hand to be placed on the part to prevent the lung from opening. (In health the two smooth moist surfaces of the pleura move easily on each other during respiration, but when inflamed they stick together, hence the sharp, stitching, tearing pain on attempting to move them on each other by breathing.) The surfaces of the pleura first become dry, and then they

pour out a fibrinous secretion which glues them together; or in some cases an immense quantity of serous fluid is poured out, forming 'water in the chest,' particularly when the inflammation comes on slowly—'chronic pleurisy (see Dropsy, p. 164). Hence, at the commencement of pleurisy, by placing the ear on the affected side a dry rubbing sound may be heard; when the parts have stuck together this ceases, and when fluid has appeared it bulges out the side and gives out a dull sound on being tapped. At the beginning there are usually severe shivering, great thirst and considerable fever, so much so that this disease has received the name of 'pleurisy fever.' This is a disease that requires prompt and skilful treatment, for even slight attacks are apt otherwise to do serious or permanent damage to the breathing apparatus, by either permanently gluing the surfaces of the pleura together or pouring out

fluid or pus between the lung and ribs.

Treatment. — The best treatment for a cold that has run on to inflammation of the pleura is to continue the *aconitum* being given for the cold and give *bryonia* 1 as well, two drops every hour alternately until the fever and pain have been subdued, and then give *sulphur* 3 every two hours until the breathing is quite free and the chest can be expanded to the full extent. A large hot oatmeal poultice with a little mustard powder sprinkled on the surface applied to the affected part as soon as possible will not only afford temporary relief to the pain, but will really assist the cure; there should be two poultices in use at the same time, one to replace the other immediately it loses its heat; or the chest may be encircled in a hydropathic pack. If the febrile symptoms and the pain do not give way within two days, or the breathing do not become free within

four or five days, resign the treatment into professional hands, or it may end in one of the serious or permanent lesions before mentioned; that particular case may require *mercurius*, *senega*, *apis*, *arsenicum*, or some other drug.

Cold in the Abdomen—Peritonitis.

As the lungs are covered outside and the ribs or chest-walls are lined inside with 'serous' membrane, so also are the bowels covered outside and the abdominal walls lined inside with serous membrane. In the chest this membrane is called the 'pleura,' and in the abdomen it is called the 'peritoneum' (see p. 60). In both places it forms a bag which in the healthy state is empty, with its sides pressed together, like the sinuses of the brain (see Hydrocephalus). The peritoneum, like the pleura, is liable to become inflamed when a person takes cold, and like it is then apt to pour out serous

fluid, sometimes in very large quantities, forming 'dropsy of the abdomen.' When a cold runs on to peritonitis the abdomen becomes tender to pressure, and hot even to the touch, and the patient is inclined to lie quite still on his back and draw up his knees and to breathe with his chest instead of his abdomen, and the breathing is short and rapid; there is great fever, with intense thirst, and perhaps vomiting, and the pulse becomes very rapid and wiry, and the patient may die within two or three days, from the mere severity of the inflammation. When these symptoms came on suddenly or rapidly it is called 'acute' peritonitis, and when they come on slowly it is called 'chronic' peritonitis, and the acute is apt to degenerate into chronic if neglected or improperly treated. It is in the chronic form that dropsy most generally takes place (see Dropsy, p. 164).

Treatment. — Im-

mediately there are signs of peritonitis the patient should be confined to bed and the abdomen should be continuously fomented with very hot water, or a hydropathic compress applied and wrung out every eight hours. Continue the *aconitum* being given for the cold and give *bryonia* 3 as well, two drops every two hours alternately, so long as there is either fever, pain or tenderness, and then give *sulphur* 6 every three hours for about a week to remove the effects of the inflammation. If the fever, pain and tenderness do not disappear within thirty-six or forty-eight hours call in a physician, or the patient may soon be beyond recovery, or dropsy may supervene.

Cold in the Stomach—Gastric Catarrh.

When a cold settles principally on the mucous membrane of the stomach the result generally is nausea and heartburn, and perhaps

incessant vomiting of mucus and of all food and drink; disgust of food, feverishness, headache, tenderness of the pit of the stomach, and intolerance of tight clothing—this is called 'gastric catarrh.' The disease may spread through the small end of the stomach to the gall-duct and liver and produce catarrh of that organ, which may either irritate the liver to excessive secretion and bring on bilious vomiting or diarrhœa (English cholera), or the swelling may block up the gall-duct and produce jaundice.

Treatment. — The best treatment for gastric catarrh is to continue the *aconitum* being given for the cold and give *kali bichromicum* 3 as well, two drops every two hours alternately as long as any feverish symptoms continue, and then stop the *aconitum* and continue the *kali bichromicum* alone every two hours. Drinking hot water, as suggested by my friend Dr Gibson, of Stirling, is a very effectual help; the water should

be as hot as it can be drunk; a pint of it may be drunk every hour for four or five hours. Sucking or swallowing ice is not to be recommended; it may afford temporary relief, but it is only such relief as is afforded to a burn by the application of cold water or to frost-bite by the application of heat, and at the risk of prolonging the disease. Hot fomentation to the stomach, mustard poultice, or hydropathic compress will not only afford temporary relief but really assist the cure. Like every other inflamed organ the stomach should be left as much as possible at rest, the food should be seldom and in small quantities, and consist mainly of warm oatmeal gruel, diluted white of egg, skim-milk, roasted potato, and such like. If the feverish symptoms and nausea do not subside and the appetite somewhat return within three days, or if the symptoms of bilious vomiting or jaundice supervene, it is better to call in a professional man, because

the case may require *arsenicum*, *phosphorus*, *mercurius*, or *chamomilla*.

Cold in the Bowels—Diarrhœa.

When a cold settles on the bowels 'diarrhœa' is the usual result, and the stools become watery, or mucus and slime and sometimes blood, with much straining. Diarrhœa may result also from many other causes.

Treatment.—When diarrhœa results from a cold, and when there is much chilliness or shivering, give *camphor* ϕ, four drops on sugar every quarter hour until the shivering has disappeared, and then resume the *aconitum* and give *dulcamara* 3 as well, two drops every two hours alternately. If there is no considerable amendment within thirty-six or forty-eight hours call in a physician, or it may run into dysentery; the case may require *chamomilla*, *veratrum*, *arsenicum* or *mercurius*.

Cold in the Liver and Stomach—Bilious Attack.

A cold frequently settles on the liver and stomach, congesting them and checking their action, and then there are loss of appetite, nausea at sight of food, thirst, headache, lassitude, foul tongue, bitter taste, jaundiced skin, fever, fulness at pit of stomach, constipation, stools dry and whitish colour, urine depositing sediment like clay or powdered brick. If neglected or improperly treated complete jaundice may follow, or bilious vomiting and diarrhœa (English cholera) supervene.

Treatment. — The best treatment for a bilious attack brought on by taking cold is to continue the *aconitum* being given for the cold and give *bryonia* 3 as well, two drops every two hours alternately until the feverishness and thirst subside and the headache and nausea are considerably diminished; if after this foul tongue and constipation

remain give *nux vomica* 3 every two hours for three days; and if health be not then re-established consult a medical practitioner in order to prevent jaundice or worse evil. Refrain from aperients.

Cold in the Liver—Jaundice.

When a cold falls principally on the liver, as it frequently does, it then generally produces catarrh of the gall-duct; this checks or prevents the escape of the bile, which cannot, therefore, pass into the bowels, and the stools, not being changed by it, are white and offensive; the bile is absorbed into the blood and taken by it to the eyes and skin, which it colours yellow; the kidneys separate a large quantity with the urine, which thereby becomes of a very dark colour, sometimes like porter. There are nausea, headache, want of appetite, constipation and feverishness, and yellow foul tongue, and the liver is generally swollen and tender.

Treatment. — The best treatment for jaundice brought on by taking cold is to continue the *aconitum* being given for the cold and give *mercurius* 6 as well, two drops every two hours alternately. If the symptoms do not give way, as shown by improvement in the stools and urine, within three or four days, call in a physician, because the case may require *bryonia*, *nux vomica*, *chamomilla*, or *china*.

Cold in the Abdominal Glands—Tabes Mesenterica—Mesenteric Disease.

The stomach and bowels are held together and held in their places by a thin transparent skin or membrane called the "mesentery." This mesentery holds between its two layers the glands through which the digested food has to pass in its way from the stomach and bowels to the blood, and which further elaborate the pabulum in its progress from food to blood. A cold often falls on

these glands, inflaming them, especially in children, and particularly in scrofulous children—that is, children one or both of whose parents have been or are consumptive or scrofulous. Such children are known by their having either light hair, tending to be dry and stiff, grey eyes and pasty-looking skin; or by their having blue eyes and florid complexion, with yellow or reddish hair. They are often pretty and fat children. In such children, between one and five years old, a cold is very liable to bring on disease of the abdominal glands. These glands are much more liable to become inflamed if they are over-worked, as they are in over-fed children, and in some of these cases it may be preceded by ulceration of the glands of the mucous membrane of the bowels. Hence it is no uncommon thing to see a very fat child suddenly lose flesh and become very thin, from the inflamed glands not allowing the food to pass into the blood—it consumes

away from disease in the abdomen, hence the disease is called consumption of the bowels. If during a cold in a child with a constitution such as that referred to the child becomes remarkably irritable and cross, the abdomen becomes very hot and tender, the stools become putty-like and offensive, the urine of a deep saffron colour, and the tongue very foul, and the fever continues intense, though the breathing is free and there is but little cough, mesenteric disease may be suspected; and this becomes a certainty if the constipation gives way to diarrhœa of light, offensive, undigested stools, and the abdomen becomes large and tympanitic, and the child rapidly loses flesh. At the onset the appetite is poor, but it soon becomes ravenous, and still the child loses flesh.

Treatment.—Immediately mesenteric disease is suspected the treatment should be resigned into professional hands, for this is not a disease to be neglected or trifled

with, although under well-directed homœopathic treatment it is usually curable; indeed, it is in this disease that homœopathy has gained some of its best laurels, for it has cured an immense number of otherwise hopeless cases. One of the highest authorities in the old system, Sir Thomas Watson, says—"This is not only a very common but a very fatal disease in children." If professional aid be not immediately obtainable the best plan to pursue is the following:—Relinquish the *aconitum* and give *belladonna* 1 and *mercurius* 3 alternately every two hours, and cover the abdomen with a hydropathic compress, wrung out of warm water every eight hours. So long as constipation exist give thin well-sieved oatmeal gruel and Liebig's cold-made beef tea for food; after diarrhœa has supervened give only skimmed milk, white of egg, and Liebig's beef tea. Procure professional attendance as soon as possible. It is very improper to attempt to remove

the constipation by aperients or check the diarrhœa by astringents.

Cold in the Glands of the Neck—Glandular Enlargements.

The same children that are liable to mesenteric disease are also liable to having the glands of neck inflamed by taking cold. In such constitutions, even up to adult life, it is no uncommon thing to find the lymphatic glands of the sides of the neck inflamed during a cold; they become tender, painful, and large, and unless well managed not unfrequently proceed to suppuration, and in that case often leave ugly marks.

Treatment.—Immediately the glands are found to be inflamed a hydropathic compress should be applied to them and worn constantly, being wrung out every eight hours. The *aconitum* being giving for the cold should be relinquished and *belladonna* 3 and *mercurius* 6 given in its place alternately every two hours

until the tenderness and enlargement have disappeared. Unless all tenderness and painfulness subside within a week professional advice should be sought, in order to prevent suppuration. If the glands remain large after the subsidence of the painfulness and tenderness, cease the *belladonna* and *mercurius* and give *silicea* 6 instead, two drops every two or three hours until the glands are reduced to their natural size. Should suppuration take place it should be allowed to proceed until the whole gland is softened, but *it should not be allowed to burst, it should be opened with a lancet;* a clean straight cut with a lancet leaves scarcely any visible trace, but a burst makes a ragged opening which leaves a jagged and puckered scar, very unsightly in the neck, particularly in that of a young lady.

Cold in the Bones—Disease of the Bones.

The same children that are subject to mesenteric disease and glandular swellings are also liable to have disease of the bones brought on by taking cold. In such children a cold may bring on inflammation and ulceration in the hip-joint —'hip-joint disease;' or inflammation and suppuration or softening of the knee—'white swelling;' inflammation, suppuration, and ulceration of the ankle—'scrofulous disease of the foot;' or inflammation and ulceration of the bones of the spine—'spinal disease.' The occurrence of each of these diseases is announced by weakness, pain, and tenderness in the part affected, aggravated by movement. Whenever, therefore, a child of this description complains of weakness or pain in the back, or joints, aggravated by movement or walking, disease of the bones should be sus-

pected and professional aid sought. Early appropriate treatment may save a joint, or limb, or even a life, that a little neglect would inevitably sacrifice.

Treatment.—Immediately inflammation of the bones is suspected absolute rest of the part must be enforced, and it must be maintained strictly until the inflammation has entirely subsided. No medicine can cure inflammation of a joint unless it be kept at rest. *Mercurius* and *phosphorus* are the most generally indicated medicines, but the treatment should in all cases be placed in professional hands.

Cold in the Kidneys—Congestion of the Kidneys.

When a cold falls principally on the kidneys the result is congestion, with *suppression* of urine. The onset is marked by pain and tenderness in the back, in the neighbourhood of the lowest rib, not *below*

the ribs as in lumbago. The urine is scanty and high coloured, or it may be totally suppressed. There are considerable fever and headache, and perhaps vomiting.

Treatment.—Continue the *aconitum* being given for the cold and give *terebinthina* 3 as well, two drops every two hours alternately; hot fomentation, or hot bran, or hot oatmeal poultice to the region of the kidneys, or a hot bath, will materially assist recovery. Should the action of the kidneys not be restored within twelve or twenty-four hours call in professional assistance, because brain affection or dropsy or even death may be induced; the case may require *dulcamara*, *byronia*, *apis*, or *arsenicum*.

Cold in the Bladder—Congestion of the Bladder.

A cold may induce congestion of the neck of the bladder, and produce *retention* of urine. In

this case there is great pain in the region of the bladder, with feverishness, restlessness, and anxiety.

Treatment. — Continue the *aconitum* being given for the cold and give *cantharis* 3 as well, a dose every half hour alternately. A prolonged *hot* sitz bath will afford great assistance. If the symptoms do not give way within twelve hours call in professional aid, or great mischief may result.

Suppression of Menses—Checked 'Monthly.'

A very common result of taking cold, in women, is check or suppression of the 'monthly.' Should a cold be taken shortly or immediately before the 'period,' the discharge may not appear at all, and if a cold be taken during the period the discharge may be arrested or injuriously diminished. In any such case very agonising pain may result, and severe headache, and perhaps

congestion of the brain, vomiting of blood, or hæmorrhage from the lungs, or consumption, or some other dangerous malady.

Treatment.—If there is great chilliness or shivering, administer *camphor tincture*, four drops every quarter hour until the shivering has passed off, and then give *aconitum* 3, two drops every two hours for at least two days, unless the discharge should be well established before that time. Bathe the feet in very hot water for some hours, and if convenient apply Dr. Chapman's ice-bag to the spine below the loins (to the spot where the weakness and pain are usually felt). If *aconitum* be unsuccessful give *bryonia*, two drops every two hours for the three succeeding days; and if still no success, be content to allow that time to pass over, and direct the efforts towards the production of natural action next time; for this purpose give *pulsatilla* 3, night and morning, all the

interval. If matters are not all right at the next period call in professional help, or some serious disease may be induced.

Cold in the Breast — Mammary Abscess—Gathered Breast.

When a mother suckling takes cold a very usual result is abscess in the breast. After the reactive fever (succeeding the shivering stage of the cold) has set in the breast feels tender and painful, particularly in a small spot, which also feels hard; here, unless proper measures be adopted, a lump forms; this becomes painful, hard, hot, and throbbing, and after a few days a second shiver or rigor occurs; this indicates that suppuration is taking place, that is, that matter is forming; the formation of matter goes on, and the breast swells, the matter works its way (so to speak) towards the surface [that is, in the way of the least resistance], and if left alone,

even, will in time burst itself an opening and escape; if then it be properly managed the abscess will be gradually emptied and the place healed up—the whole process occupying from one to three months.

Treatment.—If after treating a cold with *camphor* and *aconitum* inflammation of the breast set in, the best treatment is to continue the *aconitum* and give *belladonna* 3 as well, two drops every hour or two alternately until the fever is checked; at the same time avoid exposing the breast; let the child or the nurse keep it from being distended with milk; foment it with flannels wrung out of hot water, to which some *belladonna* ϕ has been added. If when the fever has subsided the breast still remains painful, stop the *aconitum*, but continue the *belladonna*, and give *bryonia* 3 as well, two drops every two hours alternately. If, notwithstanding this treatment, the second rigor should take place,

change the *bryonia* to *silicea* 6 and apply hot oatmeal poultices. After the abscess has burst or been opened give *phosphorus* 3 every two hours. It is, however, best to call in professional assistance immediately it is found that the cold has settled in the breast.

Cold in the Fibrous Membranes—Rheumatism—Rheumatic Fever.

One of the most common results of taking cold is rheumatism. Some persons have a rheumatic constitution, and every cold they take brings on rheumatism in one form or another. Rheumatism is inflammation of the fibrous or fibro-serous membranes; its onset, therefore, is evidenced by pain about the attachments of the muscles to the bones, or pain and swelling of the joints. When it attacks many of the large joints at once it produces considerable fever, and is then called rheumatic fever; the joints become

painful, swollen, and red; when it attacks the large sheet of fibrous membrane attaching the muscles of the back to the haunch bones, it is called lumbago; in this case the pain occupies the loins or lower part of the back, *below* the ribs, and the attack is generally discovered in the morning on attempting to get out of bed or to straighten the back after putting on the stockings or boots; it gives a sudden catch, as if the back were broken. In all cases of acute rheumatism there is a great tendency to constipation and acid perspiration, and to the urine becoming dark colour and muddy. Whenever, therefore, these symptoms show themselves during the onset of a cold it is well to look out for rheumatism. This muddiness of the urine does not indicate disease of the kidneys, but rheumatic material in the blood, which the kidneys are separating and so overloading the urine with it that it

settles out on the urine standing and becoming cold.

Treatment. — The best treatment for the early stage of acute rheumatism, whether in the form of muscular rheumatism, lumbago, or rheumatic fever, is to continue the *aconitum* being given for the cold and to give *bryonia* 3 as well, two drops every two hours alternately so long as there is feverishness, and then give *rhus toxicodendron* 3 if the remaining rheumatism is relieved by motion, *belladonna* 3 if brain symptoms arise, *spigelia* 3 if the heart become affected, and *pulsatilla* 1 if stomach symptoms become prominent. In every case of acute rheumatism, however, it is much the best to commit the treatment to professional hands as soon as possible, in order to avoid the risk of it settling on the heart, or brain, or stomach. Under well-managed homœopathic treatment rheumatism very seldom indeed does affect these important

organs, and rheumatic fever is only a matter of two or three weeks; under old-school treatment, however, the heart is very commonly attacked, and rheumatic fever is generally a matter of "six weeks, sir."

Cold in the Skin—Erysipelas.

When erysipelas is brought on by taking cold it generally begins on the face or the ear, most frequently it begins on the bridge of the nose with a burning, stinging sensation and stiffness, and the part looks red and swollen, and there are usually headache, thirst, and increase of fever. This disease should never be left without treatment, because it is apt to spread over the whole face and neck, ears and scalp, and may strike inwards to the brain, and in this case may end fatally.

Treatment. — The best treatment for erysipelas brought on by taking cold is to continue the *aconitum* being given for the cold and give

belladonna 3 as well, two drops every two hours alternately. Arrow-root or flour is the best local application. If this treatment do not diminish the feverishness and check the inflammation within thirty-six hours call in a physician, because the case may require some other medicine, such as *rhus toxicodendron*, *veratrum viride*, *apis*, or *podophyllum*, and, perhaps, the external application of *veratrum viride* in *glycerine*.

Cold on the Brain—Congestion of the Brain—Infantile Convulsions.

A very common result of infants taking cold during teething is convulsions—fits. The irritation produced by the teeth cutting through the gums keeps up a kind of febrile state that renders a child very susceptible to taking cold; a very little exposure is then sufficient. And the brain being proportionately the largest and most active and susceptible organ at this time of life, a cold is

very apt to produce in it congestion, and this brings on convulsions. This susceptibility is particularly marked in children of the nervous or cerebral temperament, that is, in children with large, rather square heads; thin, silky, scanty and light-coloured hair, and light blue or hazel eyes; great intelligence and precocity; strong mind, but weak body. After a day or two of the symptoms of a cold, with irritability of temper and, perhaps, vomiting of food, twitching of the limbs and starting or sudden crying during sleep, the child suddenly goes of into convulsions; the thumbs are turned into the palms and the fingers clenched over them; the mouth, face, and eyes are twitched and worked about and distorted; and the limbs and even the whole body are jerked about. This state generally continues only a few minutes and then passes off, leaving the child nervous and frightened, with head hot and body feverish. The convulsions are almost

sure to return unless active measures be taken to prevent that occurrence; they may even return again and again after minutes, hours, days, weeks, or months, until the brain acquire a convulsive habit and true epilepsy be thus established.

Treatment. — Here again may be seen the vast superiority of the homœopathic over every other kind of medical treatment. I have no hesitation whatever in saying that for one *cure* of infantile convulsions by any and every other method of treatment homœopathy can boast at least one hundred, and that even including pre-homœopathic history.

First, what *not* to do :—Do not be alarmed; do not get into a hurry; do not straighten the fingers or limbs; do not put the child into a hot bath.

Second, what to *do* :—Act coolly and with self-possession; let the child's limbs give way to the convulsions, only preventing them

from being injured; let the nurse hold the child lying on its back with its head over the side of her knee, hold a wash bowl under the head, and, holding a jug of *cold* water about a foot above the head, pour the water in a continuous stream on to the forehead; at the same time order two pieces of flannel, each about a foot square, to be wrung out of boiling water and mustard, wrap up each foot separately in these, then put the feet together and fold them in an adult's flannel petticoat, dry and warm. As soon as the convulsions have passed off cease the cold stream. For medical treatment, immediately convulsions threaten, cease the *aconitum* being given for the cold and drop twenty drops of *belladonna* 1 into a teacup, add twenty teaspoonfuls of cold water and give the child a teaspoonful every five minutes, and at the same time send for a medical man. Cut a piece of rag nearly circular and of size sufficient to cover the head, dip this

in spirit and cold water (one part to ten) mixed in a saucer, and cover the head with this on ceasing the cold stream; have another little bit of rag in the spirit and water, take this out every half minute and trickle fresh spirit and water on the rag on the head; continue this as long as the head tends to become hot, the evaporation cools the head; of course, a bladder of ice would be preferable. Renew the application to the feet, that is, keep it *hot*. Continue the evaporating lotion, or ice, until the head becomes cool, unless convulsions return; in that event repeat the cold stream. Continue the *belladonna*, but if no convulsions return within an hour give a dose only every quarter of an hour for another hour, and then only every hour or two hours, that is, in the absence of professional advice.

Hydrocephalus—Dropsy of the Brain —Water in the Head.

The same children that are liable to convulsions are also liable to have hydrocephalus brought on by taking cold, and still more so if they are also scrofulous. Within the head are certain cavities called 'sinuses;' these are lined with serous membrane analogous to the peritoneum lining the abdomen and the pleura lining the chest, and like the peritoneum and pleura this membrane is subject to inflammation by taking cold, and like them also it sometimes pours out fluid when inflamed (see Dropsy, p. 164, and Pleurisy, p. 127). In the healthy state the sinuses have nothing in them; they are flattened into mere slits by their sides lying together, but when distended they are capable of holding several ounces of fluid; the distension that takes place in some cases of hydrocephalus either causes the head to increase in size or

it compresses the brain and brings on fits, or stupor, and ultimately death. The brain is also invested externally with serous membrane, which when inflamed pours out fluid on the upper surface and beneath the brain. Dropsy of the brain, like dropsy of the abdomen and chest, shows itself sometimes rapidly as an acute disease, and sometimes slowly as a chronic disease, and unless properly treated the acute is apt to run on into the chronic. The symptoms of the onset of *acute* hydrocephalus are the same as those of acute congestion of the brain ushering in convulsions (see Convulsions p. 155) :—After the chilliness of the onset of a cold, especially in children teething, and particularly if they are scrofulous, or if they have an eruption on the scalp, there may be noticed an increased sensibility to external impressions, such as light and noise, causing the child to close its eyes and knit its brows, and to start on being quickly spoken to; it is excitable and

peevish, fretful, irritable, cross and sleepless, and when it does fall asleep there are twitchings, startings, grindings of the teeth, or moanings, or waking up suddenly screaming as if in a fright; there is evidence of pain in the head of a sharp shooting character, causing sudden and apparently causeless screaming; the head is hot and the scalp tender to the comb and brush; there is vomiting of food shortly after taking it, especially if moved or made to stand upright. After these symptoms have existed from a few hours to a few days the increased gives way to the diminished sensibility to external impressions, and the excitement and vivacity to listlessness and torpor, and there may be some unsteadiness of gait, apparently from either heaviness of head or uncertainty of step; there may be some squinting and some boring of the hands into the ears or nostrils, and perhaps some convulsions or paralysis, great loss of appetite, and marked

flattening of the abdomen. The invasion of *chronic* hydrocephalus is marked by similar symptoms, but they come on slowly and insidiously. It is especially in 'chronic hydrocephalus' that large quantities of fluid are poured out, forming the ordinary 'water in the head' (see Dropsy, p. 164).

Treatment.—Immediately there is the slightest reason for suspecting the approach of hydrocephalus send for a physician at once, because this is a very serious and formidable disease. At the same time endeavour to keep the head cool and the feet warm, by the means detailed under 'Convulsions.' And if the symptoms are those of the acute form continue the *aconitum* being given for the cold and give *belladonna* 3 as well, two drops every quarter hour alternately until the arrival of the physician; if this be delayed continue the *aconitum* and *belladonnā* as long as there is fever or heat of head. After

the subsidence of the fever cease the *aconitum* and give *belladonna* alone every hour as long as there is increased sensibility or other sign of excitement. After the symptoms of excitement have been removed cease the *belladonna* and give *helleborus niger* 1 instead every hour. If the symptoms come on with little or no fever cease the *aconitum* being given for the cold and give *belladonna* instead, two drops every half hour as long as there is increased sensibility or other sign of excitement; and after the subsidence of all the symptoms of excitement cease the *belladonna* and give *helleborus niger* instead, a dose every hour.

As soon as possible procure the assistance of a physician, either personally or through the post.

DROPSY.

Dropsy is an accumulation of fluid in a place or in a quantity that is not usual or natural.

Generally speaking, it is not itself a disease, it is only a sign or result of disease, of disease of the kidneys, for instance, or of the heart, or liver, or of the serous membranes—the peritoneum, the pleura, the lining membrane of the ventricles of the brain, or of the bag of the heart—the pericardium, &c. (see p. 60); and we notice it in this essay only because it is almost always, if not directly at least indirectly, caused by taking cold. Scarlatinal dropsy, for instance, results directly from taking cold during or after scarlet fever; general dropsy results from disease of the kidneys primarily brought on by taking cold, or from rheumatic disease of the heart brought on primarily by taking cold, so does dropsy of the pericardium; abdominal dropsy results from peritonitis, especially in the chronic form, so does dropsy of the chest from pleurisy, and dropsy of the brain from inflammation of the serous membrane within the head. But, in fact, dropsy

is sometimes a direct result of a child checking the power of absorption of the fluid naturally secreted to lubricate the serous membranes, or of the reactive congestion following the chill producing morbid increase of the secretion, or by both of these. The same results follow in mucous membranes on taking cold, as of the eyes, nose, lungs and bowels; but then the fluid passes off as discharge, or phlegm, or diarrhœa, and does not accumulate as it does in serous sacs. In these cases, therefore, dropsy is as truly a disease as is catarrh, bronchitis or diarrhœa.

Treatment.—Immediately on the appearance of symptoms of dropsy anywhere call the physician's attention to it, for dropsy is not a matter to be neglected, or the treatment of which can be managed by a non-professional. Of course in the case of dropsy following other diseases a medical man will already have been in attendance; call his attention to

the first dropsical appearances; and if he has ceased attendance re-summon him at once, do not lose any time, for dropsical symptoms are always of very serious import.

Sciatica—Neuralgia of the Hip.

Besides facial neuralgia, earache, toothache, and tic douloureux many other neuralgias result from taking cold. The large nerve of the leg, coming from the lowest part of the spinal marrow and running down just behind the hip-joint and along the back of the thigh and leg to the foot, is frequently congested or inflamed by taking cold, especially when one side of the body is exposed to a draught of cold air, as in a person standing or sitting at a desk or table near an open door or window, or ordinary ventilator. In this case the pain in the course of the sciatic nerve is sometimes extremely severe; it may be worst about the hip-joint, or about the thigh or the calf; it may be con-

tinuous or intermittent, burning, aching, bruised, gnawing, shooting, tearing, or, in fact, of any kind; it may be worse in the day or worse in the night, worse by warmth or by cold or relieved by warmth or cold, or worse by movement or by rest or relieved by movement or rest; in fact, its phases are infinite. The treatment, therefore, of fully established sciatica must accordingly include a considerable number of medicines, and must, therefore, of necessity be handed over to the physician. The treatment of the onset of sciatica, however, is similar to the treatment of the onset of other neuralgias.

Treatment.—When it is evident that a cold is settling on the sciatic nerve the patient should relinquish his employment, have absolute rest, and foment the lowest part of the spine and the region of the hip-joint, and perhaps the thigh also, with water as hot as he can bear,

and with as much patience and perseverance as he can command. He should continue the *aconitum* being given for the cold and take *belladonna* 3 as well, two drops every two hours alternately for at least two or three days; after this the medicine must be selected according to the prevailing characteristics of the attack; for instance, *bryonia* 3 if the parts are very tender to pressure and the pain is aggravated by movement and relieved by rest; *rhus toxicodendron* 3 if aggravated by rest and relieved by movement; *colocynth* 3 when the pain is of a sharp shooting character, and *arsenicum* 6 when of a burning character, and so on. But all cases of fully established sciatica should be handed over to the physician, for it will require much knowledge and experience to select the truly homœopathic remedy in some cases.

CHILBLAINS.

Chilblains are an-

other result of exposure to cold. Their predisposing cause is not, as some people suppose, poor or weak circulation of the blood, but weakness of the organic, ganglionic, or sympathetic nerve, which controls the size of the blood-vessels. This nerve being weak, a cold, to some extent, paralyses the branches supplied to the blood-vessels of the extremities, especially the toes and fingers, so that the vessels enlarge, too much blood lingers in them, and the part becomes swollen and red or purple—congested; this results, in some cases, in inflammation, ulceration, and even mortification.

Treatment. — Persons subject to chilblains should adopt every means possible for bracing up the nervous system, such as cold bathing, out-door exercise, good food, regular habits, sufficient but not too much sleep, &c., and should avoid fatigue, late hours, depressing emotions, enervating habits, indulgence in

stimulants and smoking, &c. They should also adopt local bracing means, such as frequent friction of the hands and feet, dipping them into *cold* water followed by prolonged friction; protection with woollen stockings and clothes, and by warming the hands and feet by dipping them into cold water and rubbing them with a warm dry towel rather than warming them with fire or warm water. In cold weather, when chilblains threaten, besides the above means the person should occasionally (after extra exposure, for instance) pour a little *aconitum* 1 into the palm of the hand and rub the threatened parts with it, also take a dose of *aconitum* 3; this may be done several times a day. The above is also the best treatment for the chilblains themselves so long as they remain red; but if they become purple *hamamelis* 1 is to be preferred, used in the same way; when mortification threatens *secale cornutum* 1 should be taken, two drops every two hours, and

the parts should be rubbed with the strong tincture every two hours.

Cough.

Cough is one of the most frequent results of taking cold, but it is not itself a disease, it is merely a symptom of disease; it is a symptom of a cold having fastened on some part of the respiratory apparatus, and its treatment is that of the disease of which it is a symptom (see Bronchitis, Pneumonia, Sore Throat, &c.).

Hoarseness—Loss of Voice.

Hoarseness is a very common result of taking cold, but, like cough, it is not itself a disease; it is merely a symptom of laryngitis, and its treatment must be sought for in the treatment of that disease.

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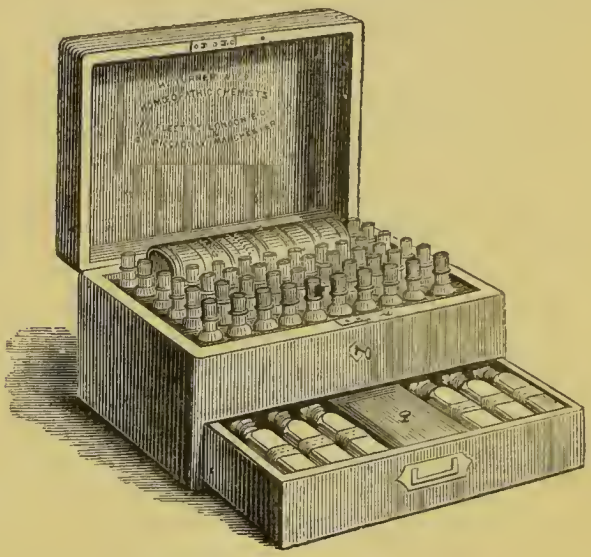

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